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Occupational Gearing For Child Rearing: Occupational Therapy's Role in Helping New Mothers Succeed After Giving Birth

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Faculty Advisor Dr. LaVonne Fox

Date December 13, 2019

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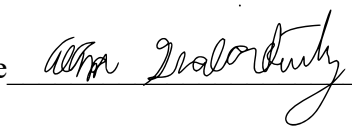
Signature 

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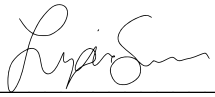
Signature 

Date December 13, 2019

TABLE OF CONTENTS

LIST OF FIGURES

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ABSTRACT

Title: Occupational Gearing For Child Rearing: Occupational Therapy's Role in Helping New Mothers Succeed After Giving Birth

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The purpose of this scholarly project is to provide occupational therapists with access to an educational website that helps fill the current gaps in care for mothers and advocates for the occupational therapy profession to contribute to a mother's care team.

A substantial literature review was completed to gather information about difficulties mothers encounter and how occupational therapy can assist mothers with the difficulties. To find reliable and trustworthy information on what issues and conditions a mother may experience and how occupational therapy can help mothers, various search engines were used. The findings from the literature review were used to create the product.

It was found that many mothers experience mental and physical difficulties during the perinatal and postnatal period. It was also found that occupational therapy can play a significant role in caring for mothers to help them overcome their difficulties and fill the current gaps in care. A website was created to provide a resource for mothers and occupational therapists to use. It was also created to advocate for how occupational therapy can be a helpful service for a mother whole she transitions to motherhood. The content in the website is intended to educate mothers as well as provide occupation-based intervention techniques/strategies for mothers to use to improve occupational performance during the perinatal and postnatal period.

CHAPTER I

INTRODUCTION

Various scholarly resources include information about women who are expecting a child or had recently had a child and the many challenges that occur in becoming a mother. The many physical and mental health issues that can occur during the perinatal and postpartum period, may lead to occupational disruption (Horne, Corr, & Earle, 2005; Tully, Stuebe, & Verbiest, 2017). When new mothers are left with unmet needs, a lack of education, a decrease in occupational participation, and are without a positive support system, not only is the mother affected, but so is the infant (Barkin & Wisner, 2013; Brixval et al., 2016; Canty et al, 2019; Fairbrother Young, Janssen, Antony & Tucker, 2015; Fernandes, 2018; Javadifar et al., 2016; Law et al, 2018). Mothers who do not receive adequate and quality care during the perinatal and postpartum period are at a disadvantage in terms of becoming a parent, and providing their child with the best environment for successful development (Delmore-Ko, Pancer, Hunsberger, & Pratt, 2000; Horne et al., 2005; Krans & Matthew, 2014; Slootjes, McKinstry, Kenny, 2016).

Because of the various challenges new mothers endure, there is a need for additional health care professionals to care for mothers during the perinatal and postpartum period (Bass & Bauer, 2018; Brixval et al., 2016; Canty et al., 2019; Entsieh & Hallström, 2016; Fairbrother et al, 2015). Through the identification of the needs/issues new mothers experience during the perinatal and postpartum period, there is evidence that an occupational therapy (OT) focused resource for new mothers would be

beneficial in overcoming the challenges associated with becoming a new mother (Fernandes, 2018; Horne et al., 2005; Podvey, 2018; Slootjes et al., 2016).

Based on the literature a website has been developed with the intention to address the issues and challenges that commonly occur for new mothers during the perinatal and postpartum period. This website serves as a universal occupation based educational tool for all. There is a need and opportunity for OT to be a part of the care team during the perinatal and postpartum period, therefore emphasizing the need for advocacy for the role of OT in this area of practice.

The Ecological Model of Occupation was selected to guide the development of the website. This model focuses on the relationship between the mother, the tasks, the contexts, and their effect on her performance in daily occupations during the perinatal and postpartum period. The Andragogy Learning Theory by Knowles (1990) was utilized to better understand how adults learn and to choose the most effective teaching strategies in the development of content for the website. The principles of andragogy include self-concept, readiness to learn, orientation for learning, motivation to learn and the need to know (Graham, 2017).

Within this scholarly project are terms and concepts that may be unfamiliar or have multiple meanings to the reader. We have defined several of those, so the reader is clear on what the terms or concepts means pertaining to the scholarly project.

Key Terms and Concepts

1. **Obligatory:** "required by a legal, moral, or other rule; compulsory" (Obligatory, n.d., para. 1)

2. **Occupation:** “various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living (ADLs), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation” (American Occupational Therapy Association [AOTA], 2014, S19).
3. **Postpartum or perinatal depression:** “a serious mental health concern that most often affects mothers within the first year after the baby’s birth. This mental health concern is one of a group of mood issues that occur around the time of childbirth.” “...if feelings of sadness, hopelessness, or excessive worry persists, or if you have thoughts about harming yourself or your baby, you may have postpartum depression.” (Good Therapy, 2019, p. 1).
4. **Post-traumatic Stress Disorder (PTSD):** “Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault” (American Psychiatric Association [APA], 2017, p.1). “People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended”(APA, 2017, p. 3)
5. **Occupational Disruption:** “occurs when a person's normal pattern of occupational engagement is disrupted due to a significant life event (Horne et al., 2005, p. 177).

6. **Perinatal Period:** A time period immediately before and after birth, beginning at 22 weeks of gestation and ending seven days after birth (World Health Organization [WHO], 2019)
7. **Preeclampsia:** "a condition in pregnancy characterized by high blood pressure, sometimes with fluid retention and proteinuria" (Preeclampsia, n.d., para. 1)
8. **Postpartum period:** The postpartum period is split into three phases; the acute phase, the subacute phase, and delayed postpartum period, lasting approximately 6 months following birth (Romano, Cacciatore, Giordano, & La Rosa, 2010)
9. **Baby blues:** symptoms include, "anxiety, crying, decreased appetite, exhaustion, loss of interest in usual activities, mood swings, sadness, sleeping problems, worrying" and can last for a few days or a few weeks after giving birth to a child (Bass & Bauer, 2018, p. 35).
10. **Tocophobia:** "An intense anxiety or fear of pregnancy and childbirth, with some women avoiding pregnancy and child- birth altogether" (Roland-Price and Chamberlain, 2012, p. 281)
11. **Maternal Depression:** "...is a widespread public health issue that takes a toll on a mother's well- being, livelihood, attitude and outlook on life. Depression can cause great sadness and rob a mother of her energy, motivation and enthusiasm for parenting. It also can lead to hopelessness, self-doubt, confusion and guilt over not being the kind of parent she wants to be" (Mental Health America [MHA], 2008, p. 8)

12. **Readability:** ". . . the ease, or conversely the difficulty with which a person can understand or comprehend the style of writing of a selected printed passage (Bastable, 2011, p. 232)
13. **Health Literacy**: "Refers to how well an individual can read, interpret, and comprehend health information for maintaining an optimal level of wellness" (Bastable, 2011, p. 231)

Chapter II is a review of the literature on women who are expecting a child or have recently had a child and the many challenges that occur in becoming a mother. It presents various physical and mental health issues that can occur during the perinatal and postpartum period, which may lead to occupational disruption. It identifies best practices and information that women in the perinatal and postpartum period can use to promote a positive motherhood experience for her and her family. Chapter III describes the methodology used to design and develop the website. Chapter IV is an introduction to the website and the entire website in paper format. Lastly, Chapter V summarizes the purpose, key information found through the development of the website, and recommendations for implementation.

CHAPTER II

REVIEW OF LITERATURE

In 2017, 3,855,500 births were registered in the United States (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018). The birth of a child entails many new changes for a mother, and many of those changes begin to occur before the child is born. According to the WHO (2019), the perinatal period occurs immediately before and after birth, beginning at 22 weeks of gestation and ending seven days after birth. The postpartum period is split into three phases; the acute phase, the subacute phase, and delayed postpartum period, lasting approximately 6 months following birth (Romano, Cacciatore, Giordano, & La Rosa, 2010).

According to Childbirth Connections (childbirthconnections.org, n.d.), there is less attention on postpartum health than there is prenatal health. Postpartum health directly affects women's' lifetime risk of chronic disease, health in subsequent pregnancies, family functioning, and well-being of children and other family members (childbirthconnections.org, n.d.). The combination of challenges women face throughout pregnancy and following birth are specific to each woman's physiology, perinatal experiences, infant temperament, and environment, requiring a holistic approach to care from a trained professional, like an occupational therapist (Podvey, 2018). Many women are unaware of the physical and psychological risks that are associated with giving birth, making education prior to giving birth critical in a new mother's well-being (Center for

Disease Control and Prevention [CDC], 2018; National Women's Health Resource Center, 2019).

The perinatal and postpartum period is a vulnerable time for new mothers, and it is only beginning to be researched more in depth. In this chapter, the role transition, and occupational disruption of the mother is explored. Additionally, the various physical and mental health challenges that can occur in the perinatal and postpartum period are identified and expanded upon. The impact of these challenges on mothers' abilities to engage in meaningful occupations while maintaining a positive perinatal and postpartum health is the primary focus of Chapter II. Occupational therapy's developing role in the care of new mothers is also discussed throughout Chapter II. This was accomplished by identifying and addressing various standards of care and best practices in health care.

Role Transitioning and Occupational Disruption

The journey of becoming a mother entails many things. Javadifar, Majlesi, Nikbakht, Nedjat and Montazeri (2016), describe the role of being a mother as a transition ". . .from a state of disorder to a state of order and balance, and acquisition of a new identity as well as a rite of passage from womanhood to motherhood which involves great changes" (p. 148). In this transition period, new mothers are faced with a considerable number of stressors (Delmore-Ko et al., 2000). They are expected to apply new knowledge and skills to successfully care for a child (Javadifar et al., 2016). New mothers often fail to realize the extent that routines and schedules are dictated by the child's needs and child-rearing tasks begin to take priority over other tasks that used to take priority on a typical day (Horne et al., 2005).

The role of becoming a mother not only comes with possible physical and mental effects, but mothers can also experience occupational disruption (Horne et al., 2005). Occupational disruptions occur when an individual is unable to participate in the occupations, activities, or tasks that were once considered normal or routine for him or her in the past (Horne et al, 2005; Slootjes et al., 2015). Horne et al., (2005) gave an example of a new mother who reported that she was able to routinely complete her self-care tasks and make breakfast every morning. After the birth of her child, the new mother found it increasingly difficult to engage in her typical morning routine (Horne et al., 2005). It was not until she was no longer able to complete her morning routine tasks that she began to realize how important and meaningful it was to her (Horne et al., 2005).

Many occupations a mother engages in are centered around motherhood and are often considered "obligatory" and "dominant" (Horne et al., 2005). While a mother may choose to engage in occupations that fulfill her role as a mother, it is often at the expense of other meaningful occupations, leading to occupational disruption (Horne et al., 2005). Not only have mothers reported that they felt they were not able to make time for self-care activities, they've also reported that they lacked the time to engage in leisure activities (Horne et al., 2005; Slootjes et al., 2015). For example, one woman stated that her and her significant other used to go horseback riding, spend time with friends, play golf, and go to the gym as all of these activities were important to their identities prior to giving birth to their child (Horne et al., 2005). However, the couple stated that after having a child, finding time to engage in leisure activities was difficult (Horne et al., 2005). The couple felt as though they could not take time to do other things, as this would take time away from caring for their child (Horne et al., 2005). Additionally, authors who

have researched this topic found that occupational disruption could also contribute to mental and/or physical conditions during the perinatal and postnatal period (Horne et al., 2005; Slootjes et al., 2015).

Physical Changes Associated with Pregnancy and Birth

New mothers commonly report issues/changes in their physical health during pregnancy and after giving birth. A 2008 study on the relationship between physical and emotional symptoms in new mothers found that 69% of the 1,336 respondents experienced at least one physical health problem in the first year after birth (Webb et al., 2008). Mothers are exposed to the highest degree of biomechanical and psychosocial stressors in the first two years after birth (Sanders & Morse, 2005). This section will focus on the common physical changes and conditions that mothers are at a higher risk of developing during the perinatal and postpartum period, including upper extremity (UE) conditions and pelvic floor issues. Specific conditions are presented following the common physical changes.

Common Physical Changes

Before birth: Before birth, many women exhibit swollen ankles and feet due to the added weight of carrying their baby for approximately nine months (Willis, 2018). Women reported that they felt fatigued and tired during the first two months after giving birth (Cheng, Fowles, & Walker, 2006). To add, breast enlargement and tenderness can occur, as well as ligament and tendons stretching in the abdomen as the mother makes room for her baby to grow. A mother may also experience shortness of breath the closer she gets to birth as the baby presses on the mother's diaphragm (National Women's Health Resource Center, 2019; Willis, 2018). Constipation during pregnancy may also

occur due to hormonal changes (National Women's Health Resource Center, 2019). Mouth and tooth changes due to hormonal fluctuations and the fetus's need for calcium can occur as the fetus may need some of the mother's calcium. Calcium is necessary for a mother's oral health (National Women's Health Resource Center, 2019). Heartburn and gas is often common towards the end of pregnancy as the mother's enlarged uterus may push on her stomach (Willis, 2018).

Postnatal/postpartum Period: After birth, many women experience pain and tenderness in the perineum area if they've had a vaginal birth (March of Dimes, 2018; Fonti, Giordano, Cacciatore, Romano, & La Rosa, 2009). Mothers who have had a cesarean section to deliver their baby, will experience pain at the incision site and fatigue as their bodies recover from surgery (March of Dimes, 2018). Vaginal discharge is also common after birth as a mother's body gets rid of unneeded blood and tissue from inside the uterus (March of Dimes, 2018; Fonti et al., 2009). Urinary problems often occur after birth for a mother as well, resulting in incontinence until the pelvic floor muscles become strong again (March of Dimes, 2018). Night sweats and hair loss due to hormonal changes are also common during the postpartum period (Willis, 2018). In addition, women also report being misinformed and uneducated about sleeping disorders during the postpartum period, lack of sexual desire, painful intercourse, and hemorrhoids that may occur after giving birth, which also have a large impact on a mothers, mental and physical health (Cheng et al., 2006; Declerq et al., 2002).

In terms of the breasts after birth, they may still feel tender and sore, like they do during pregnancy, but they will begin to swell after birth as they are filling with milk (Horne et al., 2005; March of Dimes, 2018). Nipple pain is also apparent as breastfeeding

occurs, as the breasts may become dry, cracked, and sore due to an infant's sucking (Horne et al., 2005). According to J. Wutzke (personal communication July 25, 2019), an occupational therapist who is also a certified lactation counselor (CLC), many women encounter nipple pain due to an infant's difficulty latching to the mother's breast correctly and efficiently. Additionally, new mothers don't always have the ability to produce sufficient amounts of milk due to various reasons. One common reason being breast enhancement or reduction surgery (J. Wutzke, personal communication, July 25, 2019).

The CLC reported that education about breastfeeding for mothers before giving birth is important (J. Wutzke, personal communication, July 25, 2019) It is common for new mothers to not know what to expect when it comes to breastfeeding their child (J. Wutzke, personal communication, July 25, 2019) Therefore, it is often necessary to educate new mothers about the benefits of breastfeeding, as well as how to properly position the infant while breastfeeding (J. Wutzke, personal communication, July 25, 2019). These physical changes, combined with ergonomic stressors, increase the possibility of developing other physical conditions that are not well known, but have the potential to persist and hinder occupational performance (Carroll & Loesche, 2017). It is not only taxing on a woman's body to go through pregnancy and give birth, but it is also taxing on a woman's body to care for an infant (Slootjes et al., 2016). The disorders in the following section can attest to that.

Upper Extremity Disorders

During and after pregnancy, hormonal and physiological changes increase the chance of developing a musculoskeletal disorder (Kesikburun et al., 2018). As a woman's

center of gravity changes, joints become more mobile, and fluid retention puts pressure on soft tissues (Smith, Marcus, & Wurtz, 2008; Thabah & Ravindran, 2015). In addition to a woman's body changes, new roles and responsibilities may also contribute to the development of a UE disorder (Borg-Stein & Dugan, 2007). Breastfeeding requires mothers to use various positions to help feed their newborn child (Rani, Habiba, Oazi, & Tassadaq, 2019). If improper child positioning is used, nerves and musculature in the hand and forearm may become irritated (Rani et al., 2019). Repetitive use of improper positioning may result in a more serious condition that may require specialized medical assistance to recover (Rani et al., 2019). Hand and wrist pain is the most common musculoskeletal complaint in new mothers following back pain (Fernades, 2018; Kesikburun et al., 2018). Peripheral nerves are vulnerable during and after pregnancy through compression, traction, ischemia and even laceration (Borg-Stein & Dugan, 2007). The most common cause of peripheral nerve injuries, like carpal tunnel syndrome (CTS), is compression (Kesikburun et al., 2018).

Carpal tunnel syndrome.

Carpal Tunnel Syndrome (CTS) is caused by entrapment and compression of the median nerve within the carpal tunnel (Rozali et al., 2012). Symptoms of CTS include pain, numbness, and tingling in the median nerve distribution of the hand and arm (Rozali et al., 2012). Women who are pregnant are two to three times more likely to develop CTS than women who are not pregnant (Kesikburun et al., 2018). In a study by Rozali et al, (2012) approximately 24.6% of 333 participants in their third trimester of pregnancy were found to have CTS. Women who experience preeclampsia, hypertension, excess

weight gain and edema during pregnancy are more likely to develop CTS during their third trimester (Stolp-Smith, Pascoe, & Ogburn, 1998).

The most common complaint is numbness and tingling during the daytime, and while the majority of the CTS cases were mild, one third of the participants had non-typical hand functioning (Rozali et al., 2012). Participants reported that the tasks that were most affected by CTS included heavy work, such as carrying grocery bags and household chores (Rozali et al., 2012). It is also common for people to experience disruptions in their sleep patterns when they are awakened by pain or tingling sensations (Mayo Clinic, 2017). For some, symptoms may resolve following childbirth (O'Donnell, Elio, & Day, 2010). Others may find their symptoms have been exacerbated due to either physiological or external factors and should seek medical attention from a health professional (O'Donnell et al., 2010). Symptoms that are left untreated may result in permanent nerve or muscle damage (Mayo Clinic, 2017). A second UE condition mothers should be educated about is De Quervain's Tenosynovitis.

De Quervain's tenosynovitis.

De Quervain's tenosynovitis is an inflammatory condition of the abductor pollicis longus and extensor pollicis brevis tendons of the first dorsal compartment of the wrist and results in wrist pain at the radial side and tenderness at the proximal radial styloid process (Borg-Stein & Dugan, 2007). De Quervain's tenosynovitis is the second most common cause of hand and wrist pain in new mothers following CTS (Heckman & Sassari, 1994). While CTS is common during pregnancy, De Quervain's tenosynovitis occurs more frequently during the postpartum period (Bahk et al., 2014). Fluid retention related to hormonal changes and overuse during child rearing tasks, like nursing, are

suspected to be the main causes of the De Quervain's tenosynovitis (Borg-Stein & Dugan, 2007; Schned, 1986). Symptoms of De Quervain's tenosynovitis include pain and swelling near the base of the thumb and decreased ability to move the thumb for pinching and grasping motions (Mayo Clinic, 2018). Similar to CTS, symptoms may resolve when a mother's responsibilities change (Borg-Stein & Dugan, 2007).

Common courses of treatment include splints, icing, and activity modification (Borg-Stein & Dugan, 2007). In more extreme cases, oral anti-inflammatory medication, corticosteroid injections or operative treatment is necessary (Borg-Stein & Dugan, 2007). It is important for new mothers to be educated on the different types of UE disorders, as well as how to prevent and treat them. These symptoms can have an intense impact on a mother's ability to function. Another physical change, often not discussed, is the pelvic floor muscle changes.

Pelvic floor muscle changes.

During the postpartum period, a woman is likely to experience dysfunction in the pelvic area associated with the trauma that occurred following a vaginal birth (Fonti et al., 2009; March of Dimes, 2018). After vaginal deliveries, a common cause of pelvic pain and/or urinary incontinence is due to weakness of the pelvic floor muscles (Fonti et al., 2009; March of Dimes, 2018). The pelvic floor muscles can be strengthened, with guidance from a healthcare professional on muscular exercises, along with education on posture and nutrition (Fonti et al., 2009; Lyon, 2018).

Some physical changes associated with giving birth are inevitable, but education during the perinatal period on how to prepare a new mother for the postpartum period allows for a healthy and fast recovery (CDC, 2018; National Women's Health Resource

Center, 2019). As new mothers commonly have to deal with various physical ailments as their body heals, they also have to deal with a change in emotions, a lack of sleep, and stressors associated with raising a newborn, sometimes leading to a psychosocial condition (Horne et al., 2005; Pizur-Barnekow, & Erickson, 2011).

Psychosocial Symptoms/Issues

It is not uncommon for women to experience psychosocial issues/disorders during the perinatal period (World Health Organization, 2018). Approximately 10% of pregnant women and 13% of women who have just given birth experience a mental disorder worldwide (WHO, 2018). While it is known that women's mental health is more vulnerable in this period, there appears to not be enough attention on the topic. Less than 63% of women reported being asked about symptoms of depression at their follow-up appointments, and only 44% reported that their health care providers had provided them with enough information about postpartum depression (Childcare Connections, n.d).

Women experiencing mental health challenges may find it increasingly challenging to care for their newborn child (Carroll & Loesche, 2017). The risk of developing psychosocial disorders, like postpartum depression, baby blues, anxiety, and PTSD, increases in the perinatal and postpartum period and can have everlasting effects on a mother and her family (Bass & Bauer, 2018; Glynn, Schetter, Hobel, & Sandman, 2008; Pizur-Barnekow & Erickson, 2011). In addition to the mother's well-being, their child's development may also be affected (Glynn et al., 2008; Pizur-Barnekow & Erickson, 2011).

While any woman who gives birth can develop these conditions, some are at a higher risk (WHO, 2018). A lack of social support, alcohol or drug abuse problems,

previous psychological disorders, unplanned pregnancy, stressful life events, poverty, migration, natural disasters, exposure to violence, and medical complications during childbirth, including premature delivery can all negatively impact women's maternal health and wellness (NIMH, n.d.;WHO, 2018). More detail about how each psychological condition is associated with perinatal and postpartum period is presented next, as well as a description on how symptoms affect a mother's ability to engage in meaningful occupations.

Hormonal Changes and Baby Blues

Hormonal changes occur throughout the perinatal period (Bass & Bauer, 2018; Good Therapy, 2019; Pizur-Barnekow et al., 2011). In particular, the hormone levels of estrogen and progesterone change, causing psychosocial implications for mothers (Good Therapy, 2019). Changing hormone levels may be a contributing factor to prenatal depression (Good Therapy, 2019). Good Therapy (2019) reported that 15-24% of women experience depression during pregnancy due to the feelings of anxiety, stress, worry, and irritability associated with giving birth and being pregnant.

Baby blues occurs in 50-80% of women after birth and symptoms can be present the first few days after delivery as a mother's hormones fluctuate (Bass & Bauer, 2018). Baby blues occurs for a few days and can last up to two weeks (Bass & Bauer, 2018). Symptoms of postpartum blues are similar to prenatal depression; however, if symptoms linger, they may be indicative of a more serious problem like postpartum depression (Bass & Bauer, 2018; Good Therapy, 2019).

Postpartum Depression

Postpartum depression is a mental health concern that affects 13-20% of mothers within the first year after birth (Good Therapy, 2019; Bass & Bauer, 2018). On average, there are approximately 600,000 infants born to mothers in the US, who experience symptoms of depression every year (Bass & Bauer, 2018; Good Therapy, 2019). The prevalence of postpartum depression is higher among adolescents and low-income mothers (Cantry, Sauter, Zuckerman, Cobian, & Gringsby, 2019). Some symptoms and signs of postpartum depression include, "feelings of sadness, hopelessness, or emptiness, sleep problems, moodiness, feeling panicky, tearfulness, and thoughts about self-harm or harming the baby" (Good Therapy, 2019).

Postpartum depression is a more severe disorder compared to baby blues as the diagnostic criteria for postpartum depression entails a longer duration of time that a mother experiences symptoms. The outcome of a mother's symptoms may also lead to a functional deficit (Bass & Bauer, 2018). More specifically, postpartum depression symptoms must occur beyond two weeks after birth and can continue throughout the first year of motherhood (Bass & Bauer, 2018). Postpartum depression often requires more intense treatment to better address symptoms (Bass & Bauer, 2018). Symptoms may impact daily functioning, an infant's development, and the mother-baby bonding (Bass & Bauer, 2018). As postpartum depression is more severe than prenatal depression and baby blues, it is important to consider seeking assistance from a health care provider to help alleviate any depression before, or after birth to ensure a healthy mom and baby relationship (Bass & Bauer, 2018).

Due to the commonality of postpartum depression, it is necessary to address this disorder with new mothers, not only for a mother's wellbeing after birth, but also because it can impact the way a mother cares for her infant (Bass & Bauer, 2018; Fairbrother et al., 2015). According to Bass and Bauer (2018), maternal depression affects an infant's early brain development. If a mother is depressed, an infant is more at risk for issues associated with breastfeeding, and later in life, language development, reading, speaking, and behavior/mood disorders (Bass & Bauer, 2018). A study by Vaever, Krogh, Smith-Nielsen, Christensen, and Tharner (2015), found that infants of mothers who are depressed, have reduced eye gazes and interactions with their mother, leading to long-term consequences for the child's development; therefore, screenings during well mother/baby checkups are necessary.

According to Bass and Bauer (2018) and Fairbrother et al., (2015), fewer than half of pediatricians ask mothers about depressive symptoms and do not conduct screenings often enough for postpartum depression. Raising awareness about postpartum depression and advocating for womens' mental health after having a baby is necessary (Cantry et al., 2019). Women who experience postpartum depression put their baby and themselves at risk if help is not accessible, or the healthcare providers are not doing a thorough job of assessing a mother after birth (Bass & Bauer, 2018). Another important implication is that mothers who experience depression before birth are more at risk for postpartum depression (Bass & Bauer, 2018; Cantry et al., 2019). Although it is unknown what the main cause of postpartum depression is, it is believed that the fluctuation of hormones in a woman's body after birth contributes to the disorder (Cantry et al., 2019). As

postpartum depression is not an uncommon psychosocial disorder, a lesser known disorder that some mothers deal with following the birth of a new child is PTSD.

Post-traumatic stress disorder

"PTSD is a psychiatric disorder that occurs when a person has either experienced or witnessed a traumatic event, such as a war/combat, rape, physical assault, a natural disaster or serious accident" (APA, 2017, p. 1). An individual with PTSD may struggle to avoid intense feelings and flashbacks when triggered by stimuli related to the event (APA, 2017). Any woman who believes that her own life or child's life is in danger during pregnancy or childbirth may experience PTSD symptoms (Pizur-Barnekow, Erickson, 2011). Some may become distressed and relive events followed by a sense of helplessness, fear, or loss of control (Olde, van der Hart, Kleber, & van Son, 2006; Pizur-Barnekow & Erickson, 2011).

In most cases, childbirth is considered a "predictable event" and is socially perceived as positive, but not every woman's experience is the same (Vismara, 2017). Negative emotions, distress, pain in labor, fear of childbirth, and a perceived hard labor are linked to the onset of PTSD (Andersen, Melvaer, Videbech, Lamont, & Joergensen, 2012). According to Vismara (2017), other variables that may contribute to perinatal and postpartum PTSD include infant complications, mental health problems in pregnancy, low social support, previous trauma, and obstetrical complications. Roughly, 3.1% of women report post-traumatic stress disorder (PTSD) following birth (Grekin & O'Hara, 2014). The prevalence of PTSD, in mothers of infants in the Neonatal Intensive Care Unit (NICU), is significantly higher and ranges from 24 to 44% (Vismara, 2017). The NICU is a unit for children who require specialized care due to their fragile state (Vismara, 2017).

Therefore, parents are more inclined to experience fear for their children's' lives and develop PTSD symptoms (Vismara, 2017).

PTSD symptoms can significantly impair a woman's ability to care for herself and her baby (Pizur-Barnekow & Erickson, 2011). If symptoms are not addressed, they can have a negative effect on a woman's and child's mental health including the infant/mother relationship, birth weight, and breastfeeding. (Ayers et al., 2008; Cook, Ayers, Horsch, 2018). Along with baby blues, postpartum depression, and PTSD, anxiety is often a comorbidity to these conditions that can contribute to a mother's well-being.

Anxiety

According to the American Psychological Association [APA] (2013), anxiety is an emotion characterized by excessive worrying, accompanied by various physical symptoms such as a rapid heartbeat, sweating, tensed muscles, etc. The prenatal prevalence of anxiety ranges from 13 to 21%, with postpartum ranging from 11 to 17% (Giardinelli et al., 2012). Women are more likely to suffer from anxiety within their lifetime compared to men (Schneider, Moore, Kraemer, Roberts, & DeJesus, 2002). The risk of developing anxiety only increases with pregnancy (Fairbrother et al., 2015). Women who have difficult pregnancies are at a higher risk of developing anxiety, but it does not necessarily mean other mothers are immune (Fairbrother et al., 2015). Pressures set by society on how to look, behave, and raise a child may contribute to anxious feelings (Feeney, 2018). Other women who view their own childhood as negative may fear that their children will experience the same, or that they will fail to fulfill their obligations as a parent (Feeney, 2018).

Tocophobia is a severe anxiety or heightened fear of childbirth that can develop due to a first-hand experience of a difficult childbirth or pregnancy, or by witnessing or learning about the potential challenges of childbirth (Winter, 2018; Willis, 2018; Roland-Price & Chamberlain, 2012). Tocophobia is present within approximately 11% of women in the United States and 4% of pregnant women worldwide (O'Connell, Leahy-Warren, Khashan, Kenny & O'Neill, 2017). Difficulties during pregnancy may contribute to the development in tocophobia (Winter, 2018) 'The "fatigue" of carrying a child is difficult to accept for some women, who in addition, will not tolerate (or are afraid of any pain or suffering in [birth]' (Winter, 2018, p. 129). In some cases, the fear is so intense, that a mother will request a caesarean section (Winter, 2018).

Similar to other mental health conditions, anxiety can take a toll on not only a mother, but also a child's intellectual, social, and physical development (Glynn et al., 2008). An increase in stress hormones caused by anxiety, like adrenaline, can cause a reduction of uterine and placental blood flow, which may result in preterm birth, low birth weight, or developmental delays (Glynn et al., 2008). Additionally, if mothers find themselves unable to cope with their symptoms, they may begin to struggle to refocus their attention to their child's needs (Glynn et al., 2008).

In summary, our society is not providing adequate access to resources to help a mother prepare for motherhood. There are many unrealistic expectations that can facilitate self-doubt and affect confidence. An image that can haunt new moms, is to be the perfect mom or super parent. This could contribute to feelings of isolation because she is not living up to those unrealistic expectations. Developing and/or maintaining healthy and supportive social connections is essential.

Social Connectedness

Parents of newborns often experience change in terms of their social participation (Delmore-Ko et al., 2000; Horne et al., 2005). Many couples state that they were not prepared for the impact a child had on their family life, social life, and how it would affect their relationship (Delmore-Ko et al., 2000; Horne et al., 2005). As researchers examined the expectations of parenthood, they found that many parents did not report concerns about their social life prior to having children (Delmore-Ko et al., 2000). Social disconnectedness was apparent in the couple's relationships after the birth of their first child (Delmore-Ko et al., 2000). Social disconnectedness can lead to negative thoughts about a child, anxiety, stress, depression, and overall decreased well-being (Delmore-Ko et al., 2000).

As social supports are necessary to prevent psychological disorders that are commonly associated with childbirth for mothers, it is critical for new couples to be educated during the perinatal and postpartum period (Sockol, Epperson, & Barber, 2013). Specifically, education about ways to maintain healthy relationships with their significant others and with their friends and families prior to and after giving birth is necessary (Sockol et al., 2013). Overall, healthcare providers are missing opportunities to give quality care to new mothers (Declerq et al., 2002). Best practices in the care of new mothers/parents, is presented in the next section.

Best Practices for Preparing New Mothers and Parents

Adjusting to the demands of motherhood is reportedly fatiguing and affects approximately half of the 4 million women in the United States who give birth every year (Horne et al., 2005; Tully et al., 2017). Current standard practice is a six-week check-up

that is scheduled following birth. Within these six-week checkups, a number of topics are discussed, and it is important for healthcare providers to address all aspects of the patient. (Healthline, 2015; Washington State Hospital Association, 2014; ACOG, 2018). Historically, there has been less focus on what happens after giving birth, but health care providers are recognizing the need for care from the start and into the postpartum period (Healthline, 2015; ACOG, 2018).

The WHO (2015) recommends that women be seen frequently after birth, approximately two to three times during the first six-week period, or more, based on individualized needs. "The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being" (ACOG, 2018, p. 5). ACOG (2018) suggests that the timing of appointments be scheduled on an individual basis dependent on the mother and child's needs. With that, screening for psychological symptoms in addition to physical is becoming more of a norm (ACOG, 2018; Routledge Taylor & Francis; n.d.; Maternal Mental Health Now, 2018; Massachusetts Health Quality Partners, 2019). Through a thorough evaluation, healthcare providers can gain a more holistic picture of the person including the physical, social and psychological factors, and therefore treatment can become more specialized and individualized (ACOG, 2018).

Education

Overall, mothers report that they are not satisfied with the amount of information they receive from healthcare providers regarding their health and what to expect in becoming a mother during pregnancy (Horne et al., 2005; Slootjes et al., 2015; Tully et al., 2017). Insufficient guidance from healthcare providers during the perinatal time

results in feeling unprepared during the postpartum period (Horne et al., 2005; Slootjes et al., 2015; Tully et al., 2017). According to Declerq et al. (2002), approximately one third of mothers did not believe that their major questions and concerns were addressed during their six-week postpartum checkup. Declerq et al. (2002) also stated that there is a lack of information given to mothers in terms of what to expect during their delivery, and how to cope with the difficulties associated with pregnancy.

Educational opportunities are apparent to reduce this gap in care with mothers (Cheng et al., 2006; Declerq et al., 2002; Delmore-Ko et al., 2000; Healthline, 2015; Horne et al., 2005; WHO, 2015). Current educational approaches are not meeting a mother's needs as healthcare providers seem to not be communicating with mothers adequately by asking the right questions (Declerq et al., 2002; Delmore-Ko et al., 2000). Additionally, health care providers reportedly are not providing adequate types and amounts of information to new mothers (Cheng et al., 2006; Horne et al., 2005). More specifically, healthcare providers do not always provide adequate support and educational content to mothers. Topics discussed during routine check-ups and appointments during the perinatal period are not discussed in enough depth, and web-based learning is not meeting mothers' needs (Cheng et al., 2006; Horne et al., 2005). Authors of current literature repeatedly encourage better and more efficient education for new mothers in the areas of breastfeeding, emotional and physical support, and balancing roles (Cheng et al., 2006; Declerq et al., 2002; Delmore-Ko et al., 2000; Healthline, 2015; Horne et al., 2005; WHO, 2015). Each of these areas are expanded upon in the following sections.

Best Practices: A healthcare provider's role. A woman can begin to receive medical attention from the time she discovers she's pregnant (ACOG, 2018). Although, it

is most ideal to begin three months before conception, so mothers are aware of the journey they are about to embark upon (Healthline, 2015). According to ACOG (2018), "To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs" (p. 5). Throughout the process, women should be screened, educated about healthy life choices, and collaborate with healthcare providers to create a plan for birth (Healthline, 2015). All of these aspects of providing quality care to mothers should occur in a series of appointments all within the prenatal and perinatal period; however, mothers report that they do not always receive quality care (Healthline, 2015; Horne et al., 2005).

It is known that the postpartum period can be a challenging time for some mothers as it is not uncommon for women to undergo physical and emotional changes while learning to care for a new child (Healthline, 2015). It is established that women undergo many different types of challenges throughout pregnancy and following birth. Organizations such as ACOG, Routledge Taylor & Francis Group, Maternal Mental Health Now, and Massachusetts Health Quality Partners are putting special attention on physical, social and psychological symptoms and acknowledging the relationship they have with one another.

Web-based learning. There is no doubt that the internet has a heavy presence in today's society. As of July 2019, there were approximately 3.55 billion active internet users worldwide (Statistica, 2019). The United States has the third most internet-users, worldwide (Statistica, 2019). According to Slomian, Buyere, Reginster & Emonts (2017), more women today are using the internet to find information regarding their own health

and the health of their baby. With the large volume of content that can be found on the internet, there are concerns by some healthcare professions about the quality and accuracy of the information that women are reading (Slomian et al., 2017). However, others believe that despite the concerns, there is still value in this delivery system, especially if scholarly-based content is embedded within websites (Slomian et al., 2017; Win, Hassan, Bonney, & Iverson, 2015). Web-based learning can save time and money and empower patients to be their own advocates (Win et al., 2015). Additionally, patients are more likely to follow through with treatment if they are knowledgeable about the disease or condition they are diagnosed with (Win et al., 2015).

Web-based information is available from scholarly sources regarding physical and mental health difficulties mothers may encounter during the perinatal period. It is apparent that there are gaps present in current standards of care for mothers based on overall satisfaction reports of mothers (Cheng et al., 2006; Declerq et al., 2002). Making patients aware of conditions they are at a higher risk of developing during the perinatal and postpartum period will assist them in making the best decisions, and guide them in the right direction to receive appropriate care (Forkner-Dunn, 2003; Win et al., 2015). Web based educational content about certain conditions can also be used to provide patients with the opportunity to manage their diagnosed disease with self-management techniques (Forkner-Dunn, 2003; Slomian et al., 2017; Win et al., 2015). Allowing new mothers to have autonomy through the use of web based educational content could be a frontline defense prior to the need for more intensive and expensive treatment (Forkner-Dunn, 2003; Slomian et al., 2017; Win et al., 2015). Self-management techniques may also double as a preventative measure and help patients from fully developing a medical

condition (Forkner-Dunn, 2003; Slomian et al., 2017; Win et al., 2015). To address the issues associated with education for new mothers during the perinatal and postnatal care, health literacy recommendations are necessary to use in creating educational content for all users.

Online patient education materials. The National Institute of Health (NIH) has a guideline that requires patient education materials to be written at a reading level equal to a third to seventh grade (Masoni and Guelfi, 2017). This is important for healthcare providers to know as being able to understand educational materials is important to prevent hospital readmissions, provide quality care, promotes healthcare cost containment, and allow patients to have autonomy in their decisions about their health and wellness (Masoni & Guelfi, 2017). Authors of research currently state that in terms of the readability of online educational materials for online users, many web-based materials do not follow the NIH guideline (Masoni and Guelfi, 2017). According to the U.S. Department of Human Resources (n.d.), fourteen percent of adults, or 30 million people, have lower than average health literacy in the United States.

To reduce this gap in care between readability of online resources and a consumer's ability to understand online educational content, content needs to have a lower readability level (Masoni and Guelfi, 2017; U.S. Department of Human Services, n.d.). The NIH (2018) suggests that online healthcare educational information be written in clear and concise simple language that is equivalent to a third to seventh grade level. The U.S. Department of Health and Human Services (n.d.) and NIH (2018) state that it is also important for online education material to encompass realistic visuals whenever possible, large fonts, white space, and accurate research-based content that is reliable.

Some recommendations on providing online educational materials successfully that the U.S. Department of Health and Human Services (n.d.) provide for internet users are:

1. Use written text following video or audio files.
2. Provide content that allows users to interact with each other and has personalized information.
3. Use a navigation menu that is uniform and easy to maneuver.
4. Organize information that enables users to use minimal scrolling, clicking, and searching.
5. Provide users the opportunity to find simple content in certain sections, while also providing information that is more complex.

To create user-friendly and universal web-based content that addresses all aspects of health literacy, it is important to make information accessible to all users (U.S. Department of Health and Human Services, n.d.). It is also suggested that educational materials in general reflect the targeted population's "age, social and cultural diversity, language, and literacy skills" (U.S. Department of Health and Human Services, n.d., p. P4.4).

Educational Topic Areas

Adequate breastfeeding support. It is recommended by the WHO (2015) that women receive multiple checkups before the routine six-month checkup to assess how breastfeeding is going for a new mother. Some issues that may arise, as mentioned earlier, are tender and sore breasts before and after birth, and nipple pain associated with dry/cracked nipples from breastfeeding, (Horne et al., 2005; March of Dimes, 2018). To add, According to J. Wutzke, a certified lactation consultant (CLC) (personal

communication July 25, 2019), new mothers don't always have the ability to produce sufficient amounts of milk due to various reasons; needing a health professionals assistance in how to feed their baby properly. Breastfeeding is a critical component of the IADL, child rearing. Various healthcare providers can assist new mothers with breastfeeding, including occupational therapists (AOTA, 2014). With proper continuing education and experience in this area, occupational therapists can become CLCs (personal communication July 25, 2019). Without the certification, occupational therapists can still collaborate with CLCs to effectively make recommendations in relation to breastfeeding that may occur, as this is an entry level OT skill (personal communication July 25, 2019). The next area of focus will be on emotional and physical support provided in the following (Cheng et al., 2006; Declerq et al., 2002; WHO, 2015).

Emotional and physical support. A recommendation the WHO (2015) established for mothers during the postnatal period is, "At each postnatal contact, women should be asked about their emotional well-being, what family and social supports they have, and their usual coping strategies for dealing with day-to-day matters" (p. 5). As this recommendation by the WHO (2015) is still considered a standard of care in the U.S., other resources state that based on recurring reports from new mothers and literature on the topic, health care providers are not always meeting this recommendation (Bass & Bauer, 2018; Good Therapy, 2019). Reportedly, less than 63% of women reported being asked about symptoms of depression at their follow-up appointments, and only 44% reported that their health care providers provided with enough information about postpartum depression by their health care providers (Childcare Connections, n.d.).

Referrals to mental health professionals are also not occurring as often as they should (Declerq et al., 2002).

The WHO (2015) for maternal postpartum care, recommends that twenty-four hours before and after birth, and beyond, women should be assessed with general well-being assessments. It is also specifically mentioned that "...urination and urinary incontinence, bowel function, healing of any perineal wound, headache, fatigue, back pain, perineal pain and perineal hygiene, breast pain, uterine tenderness and lochia" should all be addressed during frequent prenatal check-ups (WHO, 2015, p. 5). The WHO (2015) recommended standards of care relate back to how women should be frequently seen after birth, approximately two to three times during the six-week period, or more, based on individualized care standards.

During the first six months after giving birth, it is not uncommon for women to experience physical conditions/difficulties during the perinatal period (Declerq et al., 2002). Per ICD-9-CM guidelines, postpartum care starts immediately after delivery and runs for six weeks (Ballard, 2013). This translates to women only having insurance coverage for up to six weeks postpartum and one to two weeks longer for a cesarean delivery. Wagner, Zabari, Handel's (2015) vision for the future requires all providers and healthcare systems to consider providing services longer in response to this gap in the standards of practice. In doing this, healthcare providers will be able to better assist mothers who do not always feel ready or able to return others life roles following the birth of a new child (Wagner et al., 2015).

Returning to roles. Outside of the United States, many hospitals in northern and western countries provide continual and individualized care to mothers via home visits

(Cheng et al., 2006). Not only are the home visits frequent and covered by insurance, but programs are also available for mothers in the home during the postpartum period and include childcare and home maintenance assistance (Cheng et al., 2006). It is a possibility that women in other countries receive these at home services in the early months of the postpartum period because they do not feel like they are completely comfortable with obtaining the new roles associated with being a parent (Cheng et al., 2006; Horne et al., 2005). Consequently, parents also return to the roles of home maintainer, worker, friend, husband/wife, and other roles, potentially adding more stress during the postnatal period (Cheng et al., 2006; Horne et al., 2005). Resources should be available to help parents successfully balance the responsibilities of their new role while still meeting the demands of others (Horne et al., 2005).

It is necessary for all providers and healthcare systems to reevaluate the way in which they are providing services in response to gaps in the current standards of practice. Through this literature review, it is evident that there is a need for more quality education during the perinatal and postpartum period, more frequent checkups, and more time spent on wellbeing assessments (Bass & Bauer, 2018; WHO, 2015). There is also a need for more referrals to the correct professionals for more specialized care (WHO, 2015). In doing this, mothers will feel that their individual needs have been met and will promote individualized role attainment/role reestablishment (WHO, 2015).

Conclusion

A woman's body undergoes various physical changes throughout the perinatal and postpartum period. In addition to the common physical changes that often occur, a woman is also at risk of developing physical conditions, such as UE disorders and pelvic

floor changes (Delmore-Ko et al., 2000; Healthline, 2015; The American College of Obstetricians and Gynecologists [ACOG], 2018; WHO, 2015). Physical symptoms directly influence a mother's ability to participate in not only child rearing but other occupations as well (Rozali et al., 2012). Psychological well-being has proven to be equally as important when it comes to a mother's ability to function. Baby blues, postpartum depression, PTSD, and anxiety were evident within the literature concerning this population (Bass & Bauer, 2018; Giardinelli et al., 2012; Vismara, 2017).

Even in the absence of a diagnosed psychological disorder, a mother's mental health is still vulnerable, as there appears to be many unwritten cultural rules in motherhood (O'Connell, Leahy-Warren, Khashan, Kenny, & O'Neill, 2017; Slootjes et al., 2015). There are reports from mothers about societal pressures, norms, and stigmas associated with becoming a perfect mother, emphasizing the need for mothers to have healthy social networks and supports (O'Connell et al., 2017; Slootjes et al., 2015). These challenges impact a mother's ability to perform various occupations, tasks, and skills that enable her to feel confident in her new role as a mom while still successfully performing in other roles (Bass & Bauer, 2018; Brixval et al., 2016; Canty et al., 2019; Entsieh & Hallström, 2016; Fairbrother et al, 2015).

Considering the physical and emotional wellness of the new mother/parents, a healthcare professional that can provide a more holistic approach to the needs of the mother/parents is essential. Occupational therapists (OT) are academically prepared to improve the quality of care of new mothers by addressing both the physical and psychological challenges mothers are presented with to make their involvement in various occupations and roles easier. The OT also understands the healthcare

environment and the skills of the multidisciplinary team to make helpful connections and referrals for the new mom/parents.

Role of OT in Perinatal and Postpartum Care

Occupational therapists can help mothers adapt to caring for their children while still engaging in other meaningful occupations and roles through health promoting intervention techniques. Occupational therapists are equipped to use a variety of approaches to meet the vast demands of their clients (AOTA, 2019). Through activity analysis, clinical reasoning, cultural competency, and science-based knowledge and skills, occupational therapists can assist mothers to prevent and overcome the various physical and psychosocial difficulties (Slootjes et al., 2015). Occupational therapists are capable of applying evidence and theory-based practice techniques that will address the current gaps in perinatal and postpartum care including, adequate breastfeeding, emotional and physical support, as well as assistance during the transition to motherhood.

For instance, occupational therapists have the skills and abilities to help mothers prevent various conditions by establishing proper positioning techniques and adapting/modifying a mother's daily routine after having a child to promote better occupational performance. Skills occupational therapists can also use to help mothers adapt to the changes occurring physically and mentally during the perinatal period could consist of teaching coping skills to prevent and or restore functioning. Helping a mother establish or restore a self-care routine could also help prevent further issues from occurring during the perinatal and postnatal period. Lastly since new mothers can easily feel disconnected during their postnatal period, it is important for occupational therapists to use their skills to help mothers establish/restore, create, or alter a mother's social

identity through the use of social participation (Horne et al., 2005). By creating connections with other mothers who are going through similar difficulties during the perinatal and postpartum period, occupational therapists can help bridge the gap.

Based on the needs and current gaps in care revolving around moms/parents, this scholarly project team has designed an OT focused website that can assist new parents with the struggles, conditions, and hardships often associated with motherhood/parenthood. Website authors believe that this OT based website will promote participation in meaningful occupations for mothers. The scholarly project team also believes that occupational therapists are a valuable asset to the interdisciplinary care team that is responsible for treating mothers during the perinatal and postpartum period. This website is a step in the right direction in bridging the current gaps present in caring for mothers during the perinatal and postnatal period.

Website Title: Occupational Gearing for Child Rearing

Women in the perinatal and postpartum period highly value information and support they gain from using online resources and applications (Lupton, 2016). However, there is a need for reliable, evidence-based resources on the internet to ensure women are receiving accurate and useful information (Slomian et al., 2017). The scholarly project team created a website using evidence and theory with the objective of assisting mothers to cope through the perinatal and postpartum period and participate in occupations meaningful to them.

It is the website creator's hope that the website provides educational and social support ideas for new mothers and also serves as a resource to educate/advocate for the role of OT in perinatal and postnatal care. A website for OT practitioners to use when

caring for new mothers during the perinatal period will encompass a variety of educational tools, intervention ideas, social connections, and resources that will hopefully meet the needs of mothers/user and help guide OT practitioners on their role in this area of practice. To design the website and programming on the website, the Ecological Model of Human Performance (EHP) and Andragogy teaching theory was chosen and is presented in more detail as follows.

The Ecological Model of Human Performance (EHP)

The theoretical model that was selected to guide the developing process of the website was the Ecological Model of Human Performance (EHP). The main constructs that comprise this model are the person, context, task and performance (Dunn, Brown, & Youngstrom, 2003). The person encompasses a wide set of variables including past experiences, personal values/interests, and sensorimotor, cognitive, and psychosocial skills (Dunn et al., 2003). These skills and experiences are known as person variables, and they all have the potential to influence a person's performance (Dunn et al., 2003). Person variables are dynamic in the way that they are continuously changing and influenced by the context (Dunn et al., 2003).

While all constructs are important parts of the model, there is special emphasis on context, as it is thought to often be forgotten in healthcare despite the significant influence it has on the person, task, and performance (Dunn et al., 2003). Context is considered "… the set of interrelated conditions that surround the person" (Dunn et al., 2003, p. 226). The Occupational Therapy Practice Framework (2014) defines context as. . . "elements within and surrounding a client that are often less tangible than physical and social environments but nonetheless exert a strong influence on performance" (p. S9).

Within EHP there are four main contexts: physical context, social context, temporal context, and cultural context. The four main contexts described in more detail as follows:

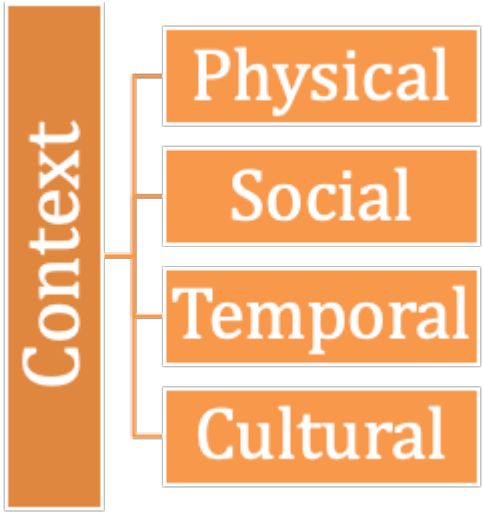


Figure 1. This is a visual representation of the four different types of contexts within the EHP model.

> **"*Physical context*** includes the natural and fabricated environments along with the objects within one's context" (Dunn, 2017, p. 210).
>
> "***Social context*** includes family, friends, clubs, churches, governments, and other places that people engage with each other" (Dunn, 2017, p. 210).
>
> "***Cultural context*** includes ethnic religious, organizational, and other groups that contribute to a person's sense of identity or set expectations or rules of behavior" (Dunn, 2017, p. 210).
>
> "***Temporal context*** includes the aspects of chronological age, developmental stage, life cycle, and health status" (Dunn, 2017, p. 210).

Task, which is also one of the main constructs of the EHP model, is an objective set of behaviors that together help an individual to perform and meet a goal (Dunn et al., 2003). There are unlimited amounts of tasks in which a person may engage in (Dunn et

al., 2003). Person variables, including skills, abilities, and interests, as well as the availability of tasks within the context determine which tasks a person engages in (Dunn et al., 2003). Such tasks are organized to influence a person's roles, such as the role of being a mother (Dunn et al., 2003).

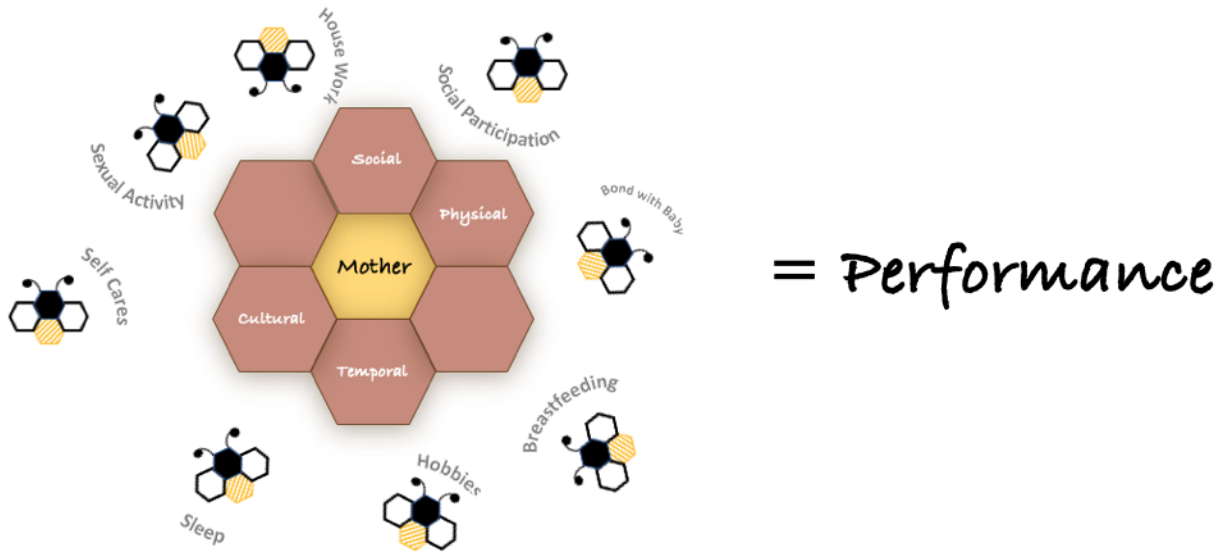


Figure 2. Represents how all constructs of EHP interact. The person, which is the center of the flower, is embedded within the physical, social, temporal and cultural context, represented by the flower petals. The bees represent the tasks a mother will likely engage in. The context has a direct effect on the type and availability of tasks, otherwise known as the performance range. Performance is the result of the dynamic interaction of the person, context, and environment.

Performance is the last of the four main constructs of EHP (Dunn, 2008). Performance is the way in which a person is able to engage in the things he/she wants and needs to do in his/her daily life (Dunn et al., 2003). Human performance and behavior is a product of the interaction between the person, context, and task. (Dunn, 2008). Performance range is the number and type of tasks a person is able to engage in (Dunn et

al., 2003). There are many factors that may influence the performance range (Dunn, 2008). These factors could include resources and objects which can be supports or barriers to performance (Dunn, 2008).

EHP is unique in that it provides guidance to occupational therapists with five different intervention approaches (Dunn, 2008). These include establish and restore, alter, adapt/modify, prevent, and create (Dunn, 2008; Dunn et al., 2003). These intervention approaches provide a variety of strategies for occupational therapists to use in addressing the person, context, and task in an effort to promote the performance needs of mothers (Dunn, 2008). They are applied throughout the product to meet the needs of the mother with examples of focus areas as follows:

1. *Establish & Restore*- Helping the mother establish new habits and routines into her schedule while working slowly to restore her old habits and routines of meaningful occupations.
2. *Alter*- Alter the context in which the mother engages in daily tasks, such as altering the bedroom to which the mother sleeps by finding a better one to promote healthy sleep habits.
3. *Adapt/Modify*- Make recommendations to mothers on how to adapt/modify the way the mother positions her child during breastfeeding to reduce symptoms related to a UE musculoskeletal disorders.
4. *Prevent*- Provide education regarding the importance of social connectedness during the perinatal and postpartum period and encourage mothers to connect with other mothers going through similar difficulties.

5. *Create*- Creation of a web-based product that educates the public and provides strategies that support optimal performance.

The EHP model is best suited for the role of OT caring for mothers and to guide the creation of a website for three reasons:

1. Recognition and attention given to the person, context, and task, and appreciation as to how they all influence performance (Dunn, 2008)
2. The variety of intervention strategies identified within the model to support performance (Dunn, 2008)
3. It is designed to be used in a variety of settings including community, consumer-based and wellness programs (Dunn, 2008)

Website Layout

Within our website, the main tabs consists of "Home," "Tools," "Education," "Get connected," and "Help & Resources." Authors incorporated aspects of EHP into each tab of the website. To start, the authors incorporated the EHP model into the design and layout of the tab "Tools" by addressing three of the four main constructs which are considered sub tabs labeled "Person," "Context," "Task." By addressing these three constructs, the goal is to promote optimal performance of website users based on the information that is provided. Additionally, various EHP intervention approaches of establish/restore, alter, adapt/modify, prevent, and create were reviewed and applied within each section to guide the development of interventions and educational material. The table below showcases how the EHP model connects with the content and development of our website.

Home (Tab)	Tools (Tab)	Education (Tab)	Get Connected (Tab)	Help & Resources (Tab)
Why OT? *Establish/Restore*	**Person** *Establish/Restore* *Alter* *Adapt/Modify* *Prevent* *Create*	**Physical Health** *Establish/Restore* *Adapt/Modify* *Prevent*	**Discussion Blog** *Establish/Restore* *Alter* *Prevent* *Create*	**When and Where to Seek Medical Attention** *Establish/Restore* *Prevent*
Models (EHP & Andragogy) *Establish/Restore*	**Context** *Establish/Restore* *Alter* *Adapt/Modify* *Prevent* *Create*	**Mental Health** *Establish/Restore* *Adapt/Modify* *Prevent*		
	Task *Establish/Restore* *Alter* *Adapt/Modify* *Prevent* *Create*			

Figure 3. This figure illustrates the connections between the content in the website and the EHP model.

The Home tab will encompass the definition of OT and reasoning as to why OT services are necessary during the perinatal and postpartum period, called "Why OT?".

1. The "Home" page provides information about the EHP model and Andragogy learning theory. Both the EHP model and Andragogy learning theory is addressed in this section through a brief overview. Content within this section is written in layman's terms as the target age the website intended for is adults ages 18 -35 years old and based on andragogical learning principles.
2. The main "Tools" tab encompasses sub-tabs that focus on three of the four main constructs of EHP. "Person," "Context," and "Task."
    a. The tab "Person" encompasses OT specific self-care interventions delivered through the use of establish/restore, alter, adapt/modify, prevent, and create to target person variables. This is done by providing educational materials and strategies about the physical changes that may occur, and different coping skills that can be used during the perinatal and postpartum period.
    b. Under the "Context" tab, routine management is addressed and a brief overview of social connectedness through the use of establish/restore, alter, adapt/modify, prevent, and create. A link to the main tab of "Get Connected" is also present, as it provides a social context for internet users to be part of.

    c. The last main tab of "Task" consists of interventions based on the interventions approaches of establish/restore, alter, adapt/modify, prevent, and create. The tab is geared towards promoting engagement in child rearing tasks, such as child and mother bonding activities.

3. Content within "Education" includes an overview of potential physical and mental conditions that women are at higher risk of developing within the perinatal and postpartum period. The main "Education" tab is designed to inform and educate mothers about the different physical and psychosocial conditions they are at risk of developing. Interventions approaches considered within this section are establish/restore, adapt/modify, and prevent strategies.
    a. The purpose of this tab is to allow women to feel more prepared, raise awareness about conditions, and include symptoms that may occur with each condition. There is an additional intent to remove the stigma associated with the health conditions listed under this tab. The Authors hope to empower women by normalizing issues many women are faced with throughout the perinatal and postpartum period and encourage mothers to seek additional services if they necessary.
4. The "Get Connected" tab includes a link to a blog. The discussion blog will be a way for users to talk about their issues, conditions, experiences, and whatever else they wish to communicate about. The blog was developed based on the intervention strategies of a mother establishing/restoring, altering, adapting/modifying, and creating. The section can also be used to prevent social isolation.

    a. This tab was necessary as research authors state how important it is for new parents to receive social support and feel connected during the perinatal period (Delmore-Ko et al., 2000; Horne et al., 2005). The authors hope that users utilize this discussion blog to help normalize the possible issues associated with becoming a new mother, and maybe develop and healthy social relationships.

5. For mothers who require further medical attention, advice, or services, we included a tab titled, "Help Resources." The reality of our website is that there are limitations to the amount of assistance to which the authors can provide. To stay within the OT scope of practice, other assistive service possibilities through the use of establish/restore and prevent have been included.
    a. Within this tab, mothers are informed to seek help from a trained professional to receive the care if they feel necessary. All references used throughout the website will also be included in this section to allow users to do their own research if necessary. The purpose of the website is to inform, support, and educate, and not self-diagnose.

Andragogy

Andragogy simply put is the art and science of adult learning (Knowles, 1990). Knowles's (1990) theory is based on the assumption that adults learn most effectively when the teacher and the learner are equally involved in the process of the learner gaining knowledge. The target population of users that this website is designed for adults ages 18-35. As 18-35-year olds take on the adult role of becoming a parent, educational principals from this theory were used to ensure successful learning for website users.

According to Graham (2017), the four key assumptions of this teaching theory are as follows. Application of these five principles with the focus on new mother's and parents' ability to learn was also applied as follows.

1. *Self-concept:* As an adult matures and moves from dependency to self-directed learning, he/she is able to gain autonomy in terms of their understanding of materials (Graham, 2017).

    A mother's/new parents' ability to learn about how to care for themselves properly is self-directed and therefore, he/she is able to seek out resources and independently understand materials that are within their access. For example, a website that is easily accessible to new mothers/parents will assist in their independent learning.

2. *Experience:* As an adult matures, more experiences occur that can be used as a resource to deepen understanding in learning situations (Graham, 2017).

    As new mothers/parents experience new things, they will be better equipped to understand other materials more thoroughly. For instance, if a new mother is exposed to content about a condition that may occur as a result of giving birth, she is more likely to overcome that condition if she is to be diagnosed with it. This is because she will have already had experience and content on the subject; which showcases the need of the content on our website for new mothers.

3. *Readiness to learn:* As an adult obtains new roles, their ability to learn becomes oriented towards those roles, meaning that an adult's readiness to learn

is based on the roles and responsibilities that are present in their lives (Graham, 2017).

When an adult learns that they will obtain the roles of becoming a mother/parent, their focus shifts towards the role of becoming a mother/parent, meaning that their readiness to learn is based on what becoming a mother or parent entails.

4. *Orientation to learning:* As we become more experienced and mature, our learning becomes immediate and problem based. In other words, adults are more motivated to apply their knowledge when they encounter problems that occur in reality (Graham, 2017).

New parents/mothers do not necessarily view their upcoming roles as a problem, but there are certain responsibilities that occur in obtaining the role of becoming a mother/parent. Learning about these mother/parent responsibilities become immediate and serve as a way to prevent problems from occurring in reality, motivating them to learn.

5. *Motivation to learn:* Adults are motivated to learn internally and wish to gain self-development skills in order to solve problems they encounter; therefore, adults actually pursue education (Graham, 2017).

New parents/mothers are motivated to learn based on internal factors such as wanting to become a healthy and effective parent. These internal motivations allow new mothers and parents to seek out educational resources, like a website with applicable content for new mothers/parents.

All andragogical learning strategies were used to develop the web-based educational content. The website incorporates brief overviews of possible disorders new mothers could attain during the perinatal period to ensure that they understand that any of the health conditions could apply to any new mother.

Bastable, Gramet, Jacobs, & Sopczyk (2011) reported that young adults also comprehend written information well, and generally want to learn new information that applies to their current lives and encourages their self-esteem; which are all aspects our website provides to users as it encompasses many educational tools, OT based advice, tips, and tricks that will hopefully help a new parent's self-esteem. Not only does the website fit a young adults educational needs, but is should also be noted that young adults enjoy self-directed computer-assisted instruction (Bastable et al., 2011).

The methodology is presented in Chapter III. The scholarly project, in its entirety, is presented in Chapter IV. Chapter V provides the summary, conclusions and recommendations of the scholarly project.

CHAPTER III

METHODOLOGY

This section is intended to provide the readers with insight as to how and why the product was developed. This project was completed as part of graduation requirements of the University of North Dakota's Occupational Therapy Department. Authors began by brainstorming areas of interest and researching topics to determine an area of need in relation to occupational therapy (OT). Through an initial review of literature, authors located literature suggesting OTs involvement in the care of mothers in the perinatal and postpartum period. Research was limited, and authors of current literature have indicated the need for more advocacy and research within this emerging area of practice.

A more in-depth and comprehensive review of literature primarily using the following databases: CINAHL, PubMed, EBSCOhost, American Occupational Therapy Association, and Google Scholar was completed. Authors also utilized other resources such as podcasts and blogs to help capture society's view on the challenges mothers experience in the perinatal and postpartum period.

The initial focus of the literature review was to identify the various struggles mothers are faced with through pregnancy and immediately following birth. It was discovered that women are at a higher risk of developing many different physical and

psychological conditions that can contribute to the number of barriers that can inhibit occupational performance. It was also found that even in the absence of such conditions, societal pressures and the transition that a mother experiences with the birth of a new child can make engaging in any occupation more challenging. The focus of the literature review then shifted to identifying the gaps in the health care mothers are currently being provided.

The authors wanted to create a product that could help fill the gaps in care for mothers, as well as advocate for the OT profession being a part of the care team that works with mothers. From personal experience, authors recognized the impact the internet has had on most people's lives and decided that it was therefore a viable option for delivering the product. It was confirmed through an additional review of literature that the internet plays a big role in healthcare education. The internet is typically the first place that a person goes to when they have health concerns.

The website "Occupational Gearing for Child Rearing" was developed to address the unmet needs of a mother. In addition it can be used to advocate for how the profession of occupational therapy can play a role in meeting the needs of mothers. To begin, authors reviewed a variety of website builder tools including Squarespace, Wix, WordPress, and Weebly. Price, quality, and usability were all considered in choosing a website builder to create the final product. The authors decided that Weebly would be the best website builder for this project because it did not come at a cost and was user friendly in the way it was set up visually, making it easily accessible for authors.

The design and layout of the website was guided by the Ecological Model of Human performance (EHP) and Andragogical learning theory principles. EHP was chosen due to the interdisciplinary comprehension of terminology, as well as to utilize the intervention approaches that are provided within the model. The main constructs of EHP were used to create some of the primary tabs and pages of the website. The Andragogical learning theory was included to ensure that content was delivered in a way that is most suitable for adults.

Interventions and education within the website were created using evidence-based scholarly articles and other reliable sources, such as the Office of Women's Health and World Health Organization. Original images and diagrams were included to help website users understand main concepts and implement interventions into their own lives. Photos were also included to make the website more aesthetically appealing to website users. Photos were taken by Niche Riveland and Karen Peach. Photo release forms, which can be found in the appendix, were obtained and signed to grant authors permission to use photos for their website. Other photos were used from government produced web pages (.gov) with permission granted through written consent.

Chapter IV contains screenshots of the entire website "Occupational Gearing for Childrearing" with a brief introduction.

CHAPTER IV

PRODUCT AND RESULTS

There is an opportunity for occupational therapists to assist new mothers during the perinatal and postpartum period. There is currently minimal research on OT's role in working with mothers during the perinatal and postpartum period, despite the fact that OT's have the skills set and knowledge to work with and help care for mothers (Fernades, 2018). There are also gaps present in the care of mothers as authors of current research state that mothers are often left with unmet needs, a lack of education, a decrease in occupational participation, and are without a positive support system (Barkin & Wisner, 2013; Brixval et al., 2016; Canty et al, 2019; Fairbrother et al, 2015; Fernandes, 2018; Javadifar et al., 2016; Law et al, 2018). This indicates a need for more evidence and advocacy of OT in this area of practice (Fernades, 2018). Authors of this scholarly project decided to address this need by creating an online website for mothers that can be used as a resource and a way to advocate for the role of OT in the caring for mothers.

Various psychosocial and physical issues mothers may encounter during the perinatal and postnatal period make it necessary for OT to become a more commonly utilized service for mothers (Horne et al., 2005, Slootjes et al., 2016). Highlighting the potential issues and changes that new mothers encounter within the website, helps to emphasize the link between caring for mothers and OT services. To further identify OT's

role in caring for mothers, authors of the website intended to create a resource that can be used to educate, and advocate for OT's role in caring for mothers during the perinatal and postnatal period. The website was created based on the Ecology of Human Performance model, and Andragogical learning principles.

Authors utilized main constructs of EHP to develop the structure and layout of the website. Three of the four main constructs, which were person, context, and task were used to develop pages within the website with the goal of promoting occupational performance of website users (Dunn et al., 2003). EHP was additionally used to determine the type of intervention approaches that would be best suited to help meet the needs of mothers in the perinatal and postpartum period. Evidence of the intervention approaches is located at the beginning of key pages. Andragogical learning principles were also incorporated into the website to ensure that adult learners are able to gain new knowledge from the website, and find the website influential to their learning. The following entails screen shots of the pages in the website Occupational Gearing for Child Rearing created by scholarly project authors. The final published product can be viewed at https://occupationalgearing4childrearing.weebly.com.

OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES

WHY OT?

Occupational therapists (OTs) are equipped to use a variety of approaches to help clients of all ages achieve their goals (AOTA, 2019). OTs are educated about both physical and psycho-social challenges, and learn skills in school to take a well rounded and client-centered approach to care (Carroll & Loesche, 2017). It is suggested that OT can help new mothers to better adapt to becoming a parent and taking better care of themselves during the perinatal period and postpartum period.

The perinatal period begins four weeks into pregnancy and lasts seven days after birth. ***The postpartum period*** occurs immediately after birth and lasts approximately six months. Through healthy tasks and activities, OTs can help mothers overcome challenges and continue to engage in meaningful occupations during pregnancy and after giving birth. Additionally, OTs have the ability to use research based techniques to create activities that will help address a new and/or expecting mother's physical and mental health needs.

WHAT'S THE GOAL?

It is our goal that this website be utilized to promote overall health and wellness for mothers throughout the perinatal and postpartum period. This website also serves as a way to advocate for the unmet needs new mothers report having, and how OTs can help meet those needs by playing a role in the care of mothers.

HOW AND WHEN SHOULD YOU CONNECT WITH AN OT?

If you are feeling like you could benefit from OT services, talk with your doctor to possibly get a referral.

You may benefit from OT services if you feel like you are unable to manage and complete your daily activities for any reason. In your checkup appointments, share your thoughts about the challenges you are experiencing and who you believe could help you overcome them. Other health care professionals are also capable and qualified to assist in challenges you may be experiencing as a mother. Your doctor will assist you in finding the appropriate professional(s) to help you as an OT, physical therapist (PT), psychologist, or other various professionals who are specialized in women's health have the skills to help you. In the "Education" tab, you will find various descriptions of difficulties mothers may go through throughout the perinatal and postnatal period that may cause mothers to seek out an OT or other health care professionals for more help. The "Tools" tab includes various OT based strategies you can use prior to seeking assistance from an OT, or other health care provider.

HOW WAS THIS WEBSITE DEVELOPED?

This website was developed based on the Ecology of Human Performance Model of practice and Andragogy learning principals. These are further explained below.

THE ECOLOGY OF HUMAN PERFORMANCE MODEL (EHP)

WHAT IS IT?

This model is used by OTs to help guide the care they give. EHP has four main concepts:

1. The Person
2. The Contexts
3. Tasks
4. Performance

BASED ON THE MOM'S NEEDS, ONE OF THESE INTERVENTION APPROACHES CAN BE USED:

1. Establish/Restore
2. Alter
3. Adapt/Modify
4. Prevent
5. Create

WHAT DO THE CONCEPTS MEAN?

REFERENCING FIGURE 1.0 BELOW..

1. Person: The person (mother) is the center of the flower. The mom has a unique set of values, interests, and skills.

2. Context: The contexts are represented by the flower petals. A context is the set of circumstances that surround the mom. The 4 types of contexts are the physical, temporal, cultural and social contexts.

3. Task: The tasks are represented by the bumble bees, which are seen as sets of actions or behaviors that need to happen to reach a goal. Occupations are seen as tasks within this model.

4. Performance: The performance is a result of the connections between the mom, contexts, and the tasks.

These 5 intervention approaches provide OTs with a variety of strategies that will help meet clients' needs; therefore, improving performance. You will find examples as to how these intervention approaches were used in the development of website at the top of each main section.

These interventions approaches provide a variety of strategies for OTs to use in addressing the person, context, and task in an effort to promote the performance needs of mothers (Dunn, 2008). They are applied throughout the product to meet the needs of the mother with examples of focus areas as follows:

1. Establish and Restore: Helping the mother establish new habits and routines into her schedule while working slowly to restore her old habits and routines of meaningful occupations.

2. Alter: Helping to alter the context in which the mother engages in daily tasks to promote more positive outcomes.

3. Adapt/Modify: Provide strategies and recommendations to mothers on how to adapt/modify a habit, routine, context, or tasks.

4. Prevent: Provide education regarding a variety of topics found to be best practice for moms.

5. Create: Provide strategies to help create new habits , routines, and tasks.

(Dunn, 2017)

WHAT IS THE RELATIONSHIP BETWEEN THE FOUR MAIN CONCEPTS OF EHP?

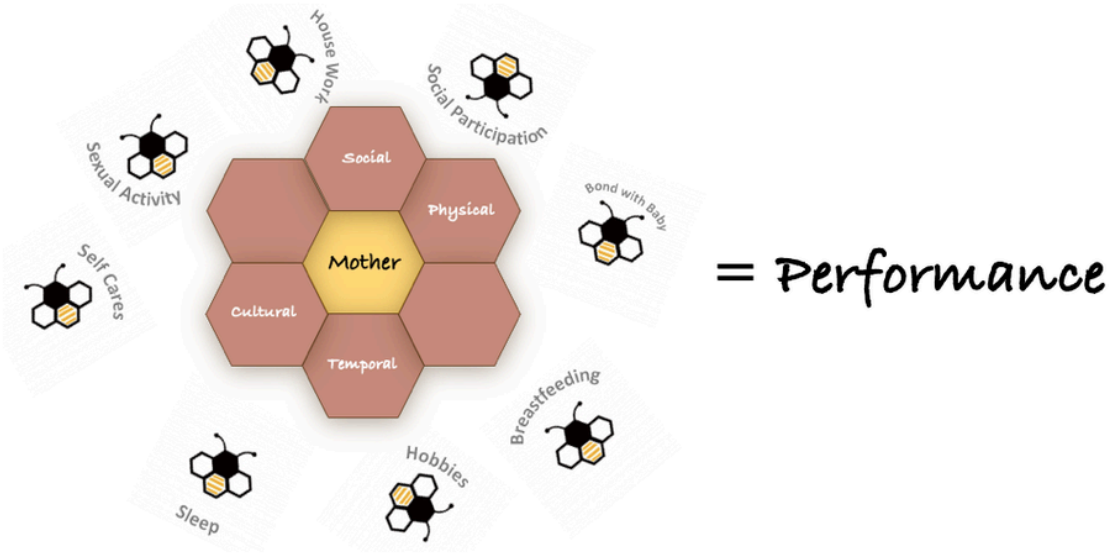


Figure 1.0 : The person is surrounded by the contexts (physical, social, cultural, temporal), and the contexts affect the amount and type of tasks a person engages in (Dunn, 2017). However, the context alone does not affect the performance outcome (Dunn, 2017). Person variables, such as skills, experiences, values, and beliefs can also influence the way a task is performed (Dunn, 2017). The person, context, task, and performance all have an affect on one another, meaning a slight change in any could either promote or interfere with the other (Dunn, 2017). **EXAMPLE:** A mother's busy afternoon (temporal context) may prevent her from engaging in self-care activities (tasks). If she were to learn new time management skills (person variables), she may be able to engage in her self-care activities again (performance).

ANDRAGOGY

WHAT IS ANDRAGOGY?

Andragogy is the art and science of adult learning (Knowles, 1990). Knowles's (1990) theory believes that adults learn the best when the learner is equally involved in the learning process.

Andragogy entails five principals:

1. Self-Concept
2. Experience
3. Readiness to Learn
4. Orientation to Learning
5. Motivation to Learn

Andragogical learning principals were applied in the development of this website. The goal was to design the information to meet these five principles. They are not explained throughout the website.

As an adult learner:
1. You choose what you want to learn and when you want to learn it.
2. You choose if you need additional information.
3. You decide when you are ready and then you access it.
4. The information is always at your finger tips.

HOW WAS ANDRAGOGY APPLIED TO THIS WEBSITE?

1. Self Concept: A mother's/new parents' ability to learn about how to care for themselves properly is self-directed and therefore, he/she is able to seek out resources by themselves. For example, a website that is easily accessible for new mothers/parents will assist in their independent learning.

2. Experience: Mothers can use past experiences as a resource to deepen understanding in learning to become a parent.

3. Readiness to learn: As the mother begins their new role, their ability and readiness to learn is based on the roles and responsibilities that are present in her life.

4. Orientation to learning: Mothers are more motivated to apply their knowledge when they encounter problems in the moment.

5. Motivation to learn: Adults are motivated to learn from within and wish to gain self-development skills in order to solve problems; therefore adults seek out education.

(Graham, 2017)

AUTHORS & PURPOSE

This website was created by Alana Grabarkewitz, MOTS & Lydia Swanson, MOTS, along with assistance from the student's scholarly project advisor, Lavonne Fox, PhD.

Published: 2019

Alana Grabarkewitz, MOTS

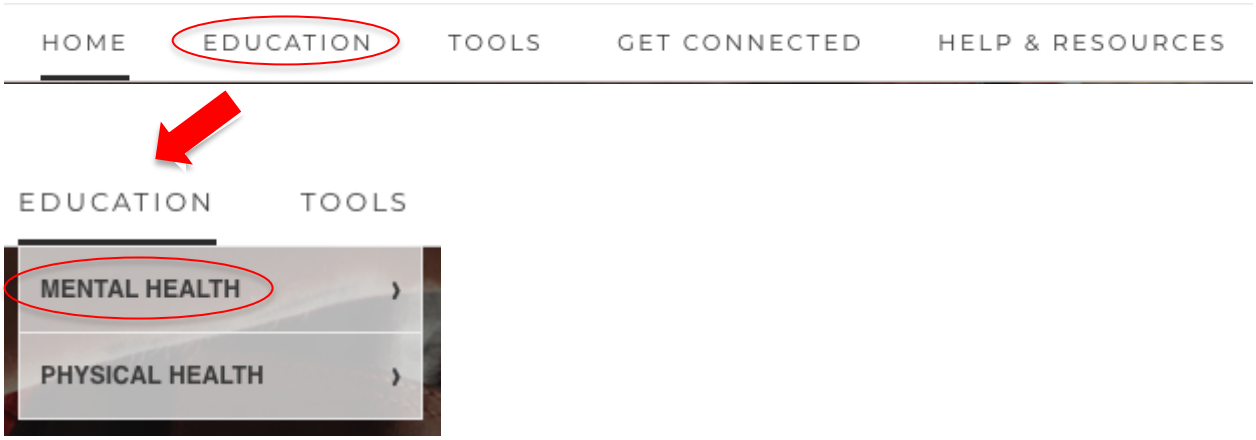
Lydia Swanson, MOTS

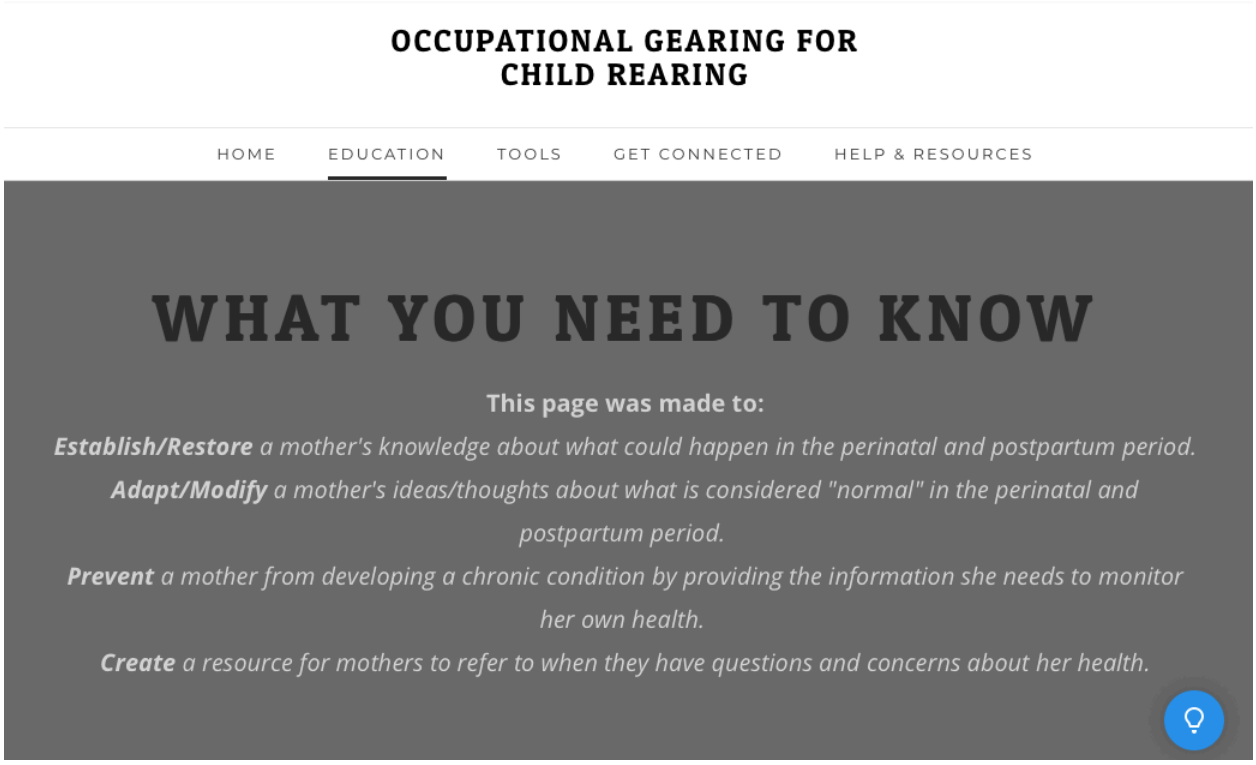
Dr. LaVonne Fox, OTR/L, P.h.D

Disclaimer: This website was created for purposes of a student project

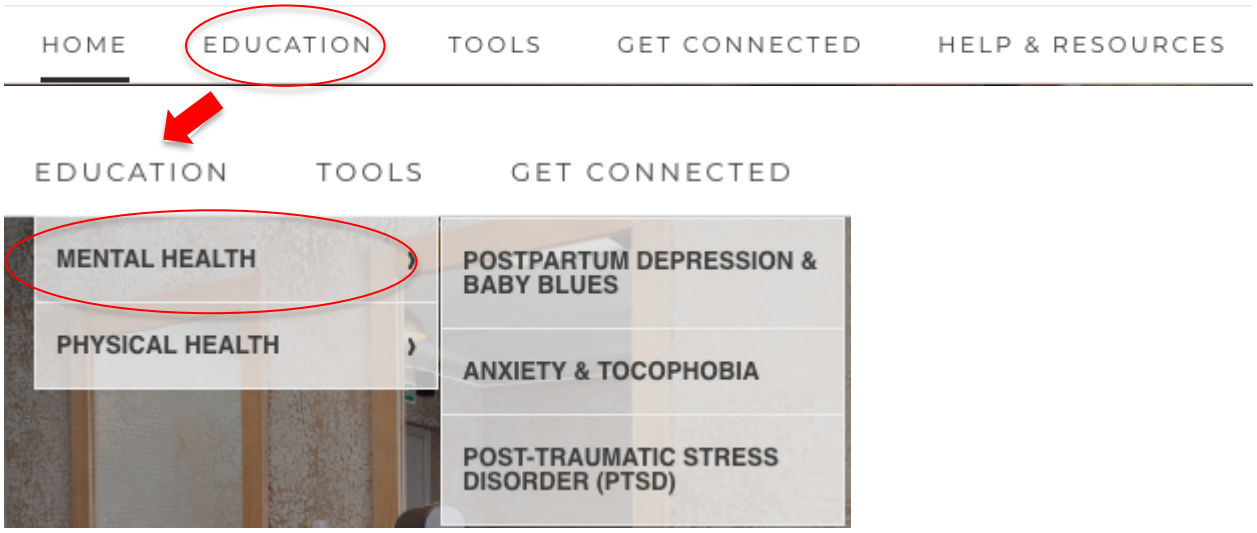
The purpose of this website is to provide users with content related to OT. As OT students in the University of North Dakota in the Master's of Occupational Therapy Program, we believe OTs can make a difference in the care of mothers during the perinatal and postpartum period.

Pictures used in this website were taken by Niche Riveland, & Karen Peach. Photo release forms were obtained and signed to grant OT students permission to use the photos for the use of their scholarly project. Various images from government produced web pages (.gov) were also utilized as permission was granted through written consent.

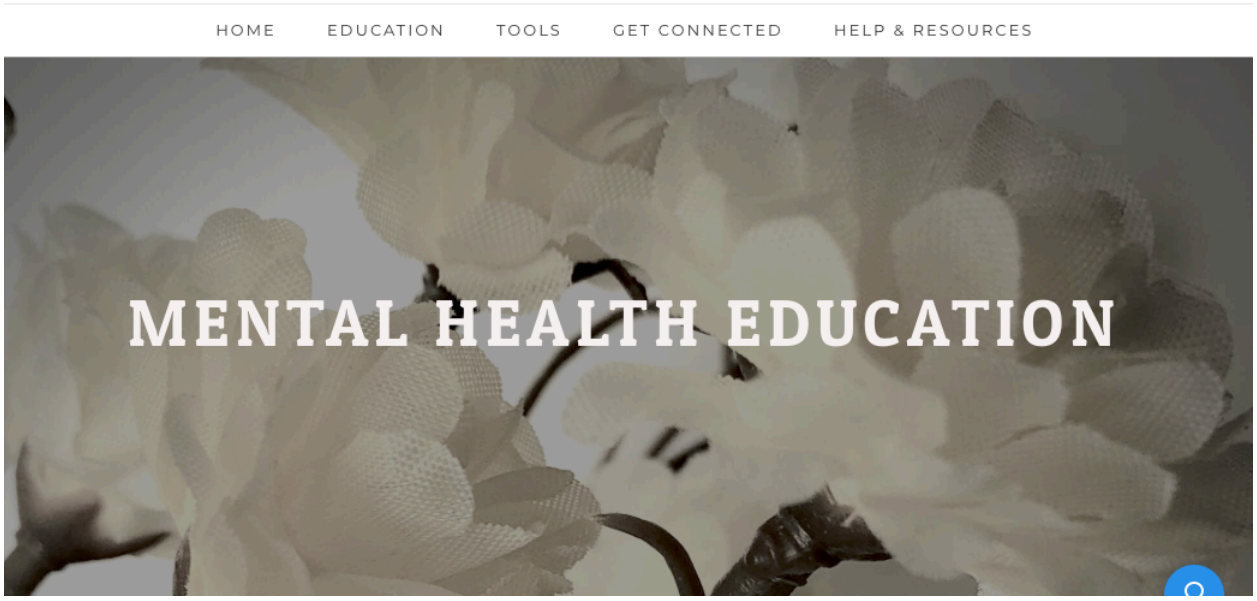

HOME
EDUCATION
TOOLS
GET CONNECTED
HELP & RESOURCES
EDUCATION
TOOLS
MENTAL HEALTH
PHYSICAL HEALTH



Women report being under educated about what to expect in the perinatal and postpartum period (Cheng, Fowles, Walker, 2006; Declerq et al., 2002). Learning how to properly take care of oneself and knowing the signs and symptoms of various conditions are important to know in maintaining one's health (Forkner-Dunn, 2003). Providing resources and information to new mothers will assist them in taking control of their health and it will help raise awareness about their needs. Within this educational tab, the goal is to prevent new mothers from feeling alone if they are diagnosed with a mental health condition, establish/restore important knowledge about mental health conditions, and maybe adapt/modify a mother's knowledge about mental health conditions.



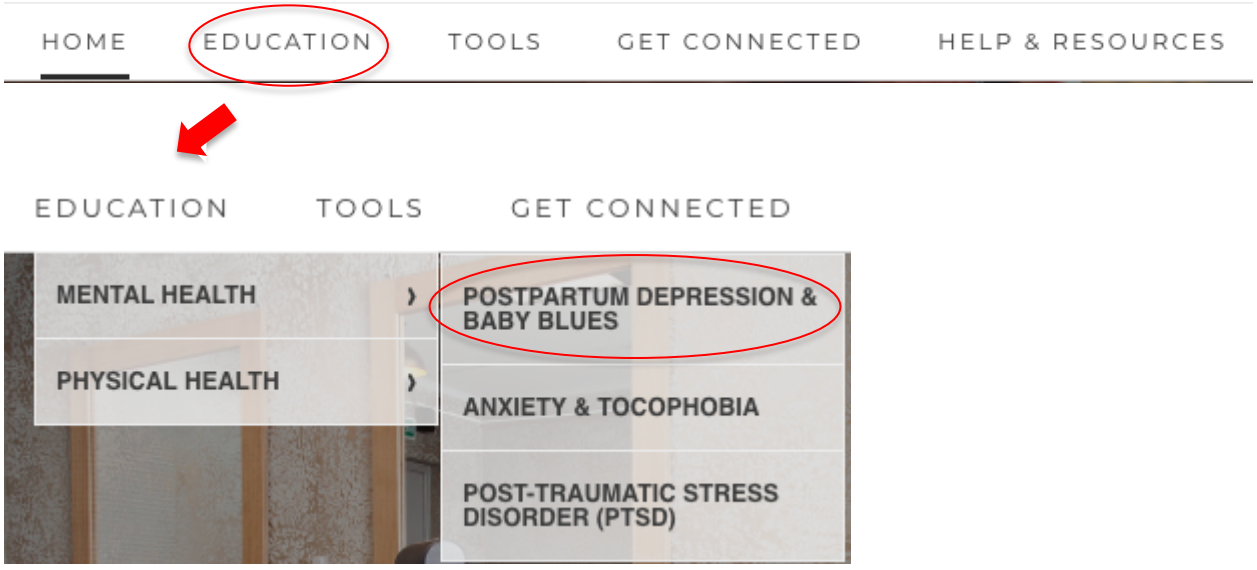
OCCUPATIONAL GEARING FOR CHILD REARING



WHY IS IT NECESSARY TO TALK ABOUT MENTAL HEALTH WITH NEW MOTHERS?

While it is known that a woman's mental health can be affected during the perinatal and postnatal time period, it appears that there is not enough attention on the topic. Less than 63% of women reported being asked about symptoms of depression at their follow-up doctor appointments, and only 44% reported that they had been provided with enough information about postpartum depression by their health care providers (Childbirth Connection, n.d.).

The risk of developing mental health disorders, like postpartum depression, baby blues, anxiety, and PTSD, increases in the perinatal and postpartum period Bass & Bauer, 2018; Glynn, Schetter, Hobel & Sandman, 2008; Pizur-Barnekow & Erickson, 2011). Symptoms not only have effects on a mother, but also on a family (Bass & Bauer, 2018; Glynn, Schetter, Hobel & Sandman, 2008; Pizur-Barnekow & Erickson, 2011).



WHAT IS THE DIFFERENCE BETWEEN POSTPARTUM DEPRESSION AND BABY BLUES?

Baby blues can occur when a woman experiences depressive symptoms, on average, a few days after giving birth and symptoms usually stop by two weeks (Bass & Bauer, 2018).Postpartum depression symptoms occur beyond two weeks after giving birth and can continue throughout the first year after giving birth (Bass & Bauer, 2018). Postpartum depression often requires more intense treatment as common symptoms associated with the disorder may impact daily functioning and mother-baby bonding (Bass & Bauer, 2018).

GENERAL SYMPTOMS OF POSTPARTUM DEPRESSION & BABY BLUES

- Feelings of sadness
- Hopelessness, or emptiness
- Issues sleeping
- Moodiness
- Feeling panicky
- Fearfulness
- Thoughts of self-harm or harming the baby

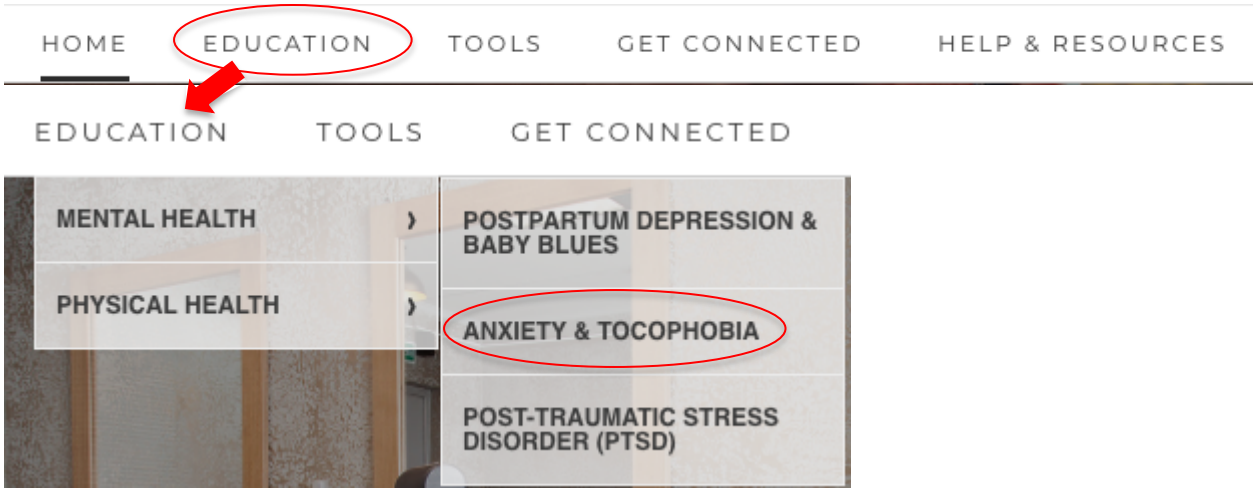
(Bass & Bauer, 2018; Good Therapy, 2019)

DURING PREGNANCY...

Good therapy (2019) reported that 15-24% of women experience symptoms of depression during pregnancy due to the feelings of anxiety, stress, worry, and irritability associated with giving birth and being pregnant.

DURING THE POSTPARTUM PERIOD...

Baby blues occurred in 50-80% of women after birth and occur the first few days after delivery as mother's hormones fluctuate. Postpartum depression occurs in about 13-20% of women after birth and can last for approximately a year after birth. (Bass & Bauer, 2018)



WHAT IS ANXIETY AND TOCOPHOBIA?

According to the American Psychological Association (2013), ***anxiety*** is an emotion characterized by excessive worrying, accompanied by various physical symptoms, like a fast heartbeat, sweating and tensed muscles. Women who have difficult pregnancies are more likely to develop anxiety, but it doesn't necessarily mean other mothers are not at risk (Fairbrother et al., 2015). Pressures from society on how to look, behave, and raise a child as a mother may lead to anxious feelings (Feeney, 2018). Anxiety can be a common part of most peoples' lives (Healthline, 2016). It is natural to be overwhelmed and experience anxious feelings during the perinatal and postpartum period, as there are many of changes that occur with having a new baby (Healthline, 2016). It is important to seek medical attention when symptoms begin to interfere with regular daily activities (Healthline, 2016). ***Tocophobia*** is a severe anxiety or heightened fear of childbirth and should not be ignored (Winter, 2018). It can occur due to a first-hand experience of a difficult childbirth or pregnancy, or by witnessing or learning about the potential challenges of childbirth (Winter, 2018; Willis, 2018; Roland-Price & Chamberlain, 2012). If you have an extreme fear of childbirth, you should reach out to your doctor for help.

SYMPTOMS

- Excessive worrying
- Difficulty concentrating
- Feeling irritable or agitated
- Tense muscles
- Excessive sweating
- Fast Heartbeat
- Difficulty falling or staying asleep

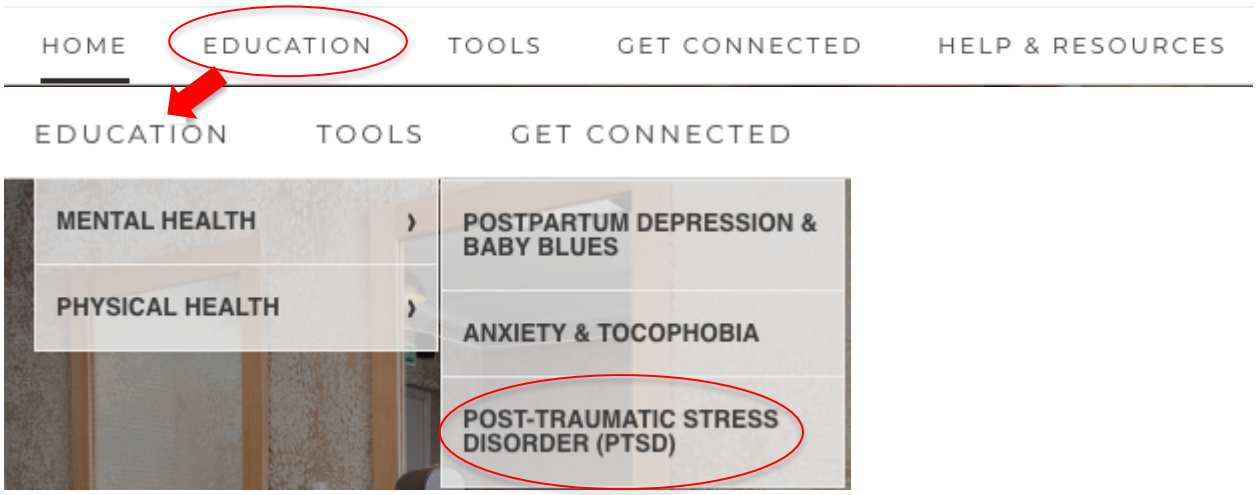
(APA, 2019)

STATISTICS

The perinatal prevalence of anxiety ranges from 13 to 21%, with postpartum raging from 11 to 17% (Giardinelli et al., 2012). Tocophobia is present within approximately 11% of women in the United States and 4% of pregnant women worldwide (O'Connell, Leahy-Warren, Khashan, Kenny, & O'Neil, 2017).

IMPACT

Anxiety during pregnancy can take a toll on a child's intellectual social, and physical development (Glynn, Schetter, Hobel, & Sandman, 2008). An increase in stress hormones, like adrenaline, can cause decrease blood flow to the baby, which may result in early birth, low birth weight, or developmental delays (Glynn et al., 2008).



WHAT IS PTSD?

PTSD is a psychiatric disorder that occurs when a person has either experienced or witnessed a traumatic event, such as a war/combat, rape, physical assault, a natural disaster or serious accident (APA, 2017). People with PTSD may struggle to avoid intense feelings and flashbacks when presented with similar smells, sounds, or sights related to the event (APA, 2017). In most cases, childbirth is considered to be a "predictable event" and is socially perceived as positive, but not every woman's experience is the same (Vismara, 2017). Negative emotions, distress, pain in labor, fear of childbirth, and a perceived hard labor are all linked to the onset of PTSD (Andersen, Melvaer, Videbech, Lamont & Joergensen, 2012) Other variables that may contribute to perinatal PTSD include infant complications, mental health problems in pregnancy, low social support, previous trauma, and issues that occur during birth (Vismara, 2017).

SYMPTOMS

- Flashbacks, or nightmares of the traumatic event
- Emotional numbness
- Avoidance of triggers related to the traumatic event, such as places, people, and activities
- Increased arousal
- Difficulty sleeping
- Difficulty concentrating
- Feeling "jumpy"
- Irritation and anger

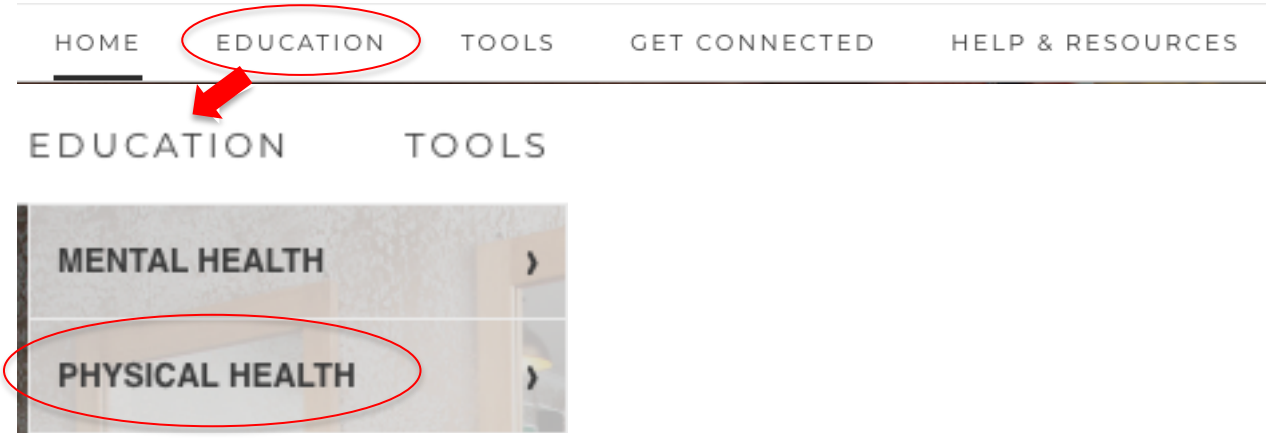
(ADAA, 2018)

STATISTICSS

Roughly 3.1% of women report PTSD following birth (Grekin et al., 2014). The prevalence of PTSD in mothers of infants in the neonatal intensive care unit (NICU) is significantly higher and ranges from 24 to 44% (Vismara, 2017).

IMPACT

Symptoms can significantly impair a woman's ability to care for herself and her baby (Pizur-Barnekow & Erickson, 2011). If symptoms aren't addressed, they can have a negative affect on a woman's and child's mental and physical health including the infant/mother relationship, birth weight, and breastfeeding (Ayers et al., 2008; Cook, Ayers & Horsch, 2018).



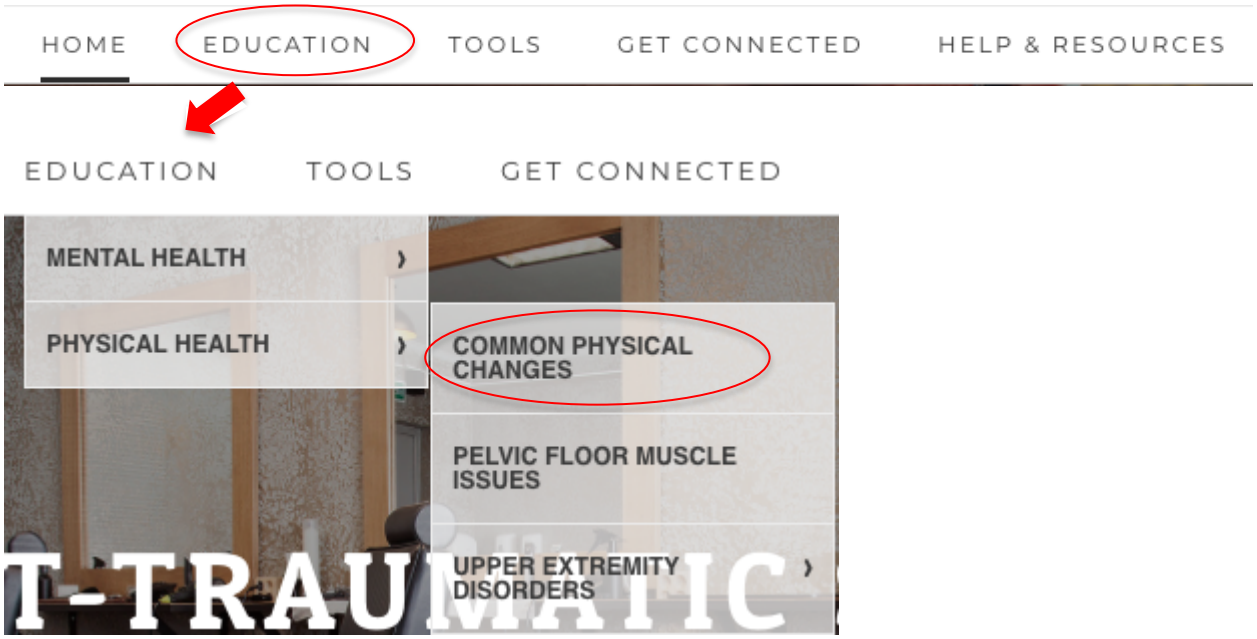
OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES

WHY IS IT NECESSARY TO ADDRESS PHYSICAL HEALTH WITH NEW MOTHERS?

The major life event of becoming a mother can be associated with a variety of physical changes. A 2008 study on the relationship between physical and emotional symptoms in new mothers found that 69% of the 1,336 respondents experienced at least one physical health issue in the first year after birth (Webb et al., 2008). To add, mothers are exposed to the most physical stressors in the first two years after birth (Sanders & Morse, 2005). Unfortunately, physical conditions that women are at a higher risk of developing are often not addressed by healthcare providers in checkups before and after birth (Sanders & Morse, 2005).

Statistics were not easily found in literature specific to mothers, therefore older literature was used in this section.



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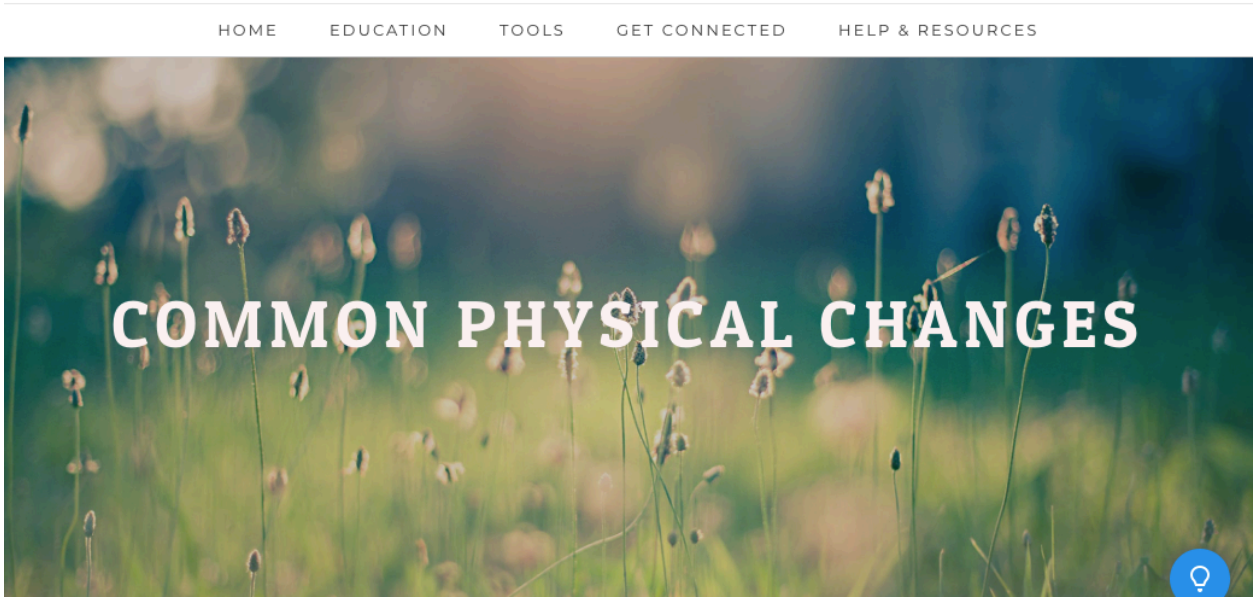


WHAT MAY OCCUR TO A WOMEN'S BODY BEFORE AND AFTER BIRTH?

A Certified Lactation Consultation reported that educating mothers before giving birth is important as it is common for new mothers to know what to expect during birth. Physical changes combined with various stressors increase the possibility of developing physical conditions that are not well known, but have the potential to affect a mother's daily functioning (Carroll & Loesche, 2017). It is not only hard on a woman's body to go through pregnancy and childbirth, but it is also tiring taking care of an infant while a mother's body is healing from childbirth (Slootjes, McKinstry, Kenny, 2016). It is also important to know what the benefits of breastfeeding are for mothers and infants, and how to position a baby while breastfeeding (J. Wutzke, personal communication, July 25, 2019).

COMMON SYMPTOMS BEOFRE BIRTH

- Swollen ankles and feet
- Unable to have a bowel movement (constipation)
- Oral changes (teeth and gums)
- Heart burn and gas
- Moodiness

(Cheng, Flowles, & Walker, 2006; Horne, Corr, & Earle, 2005; Willis 2018)

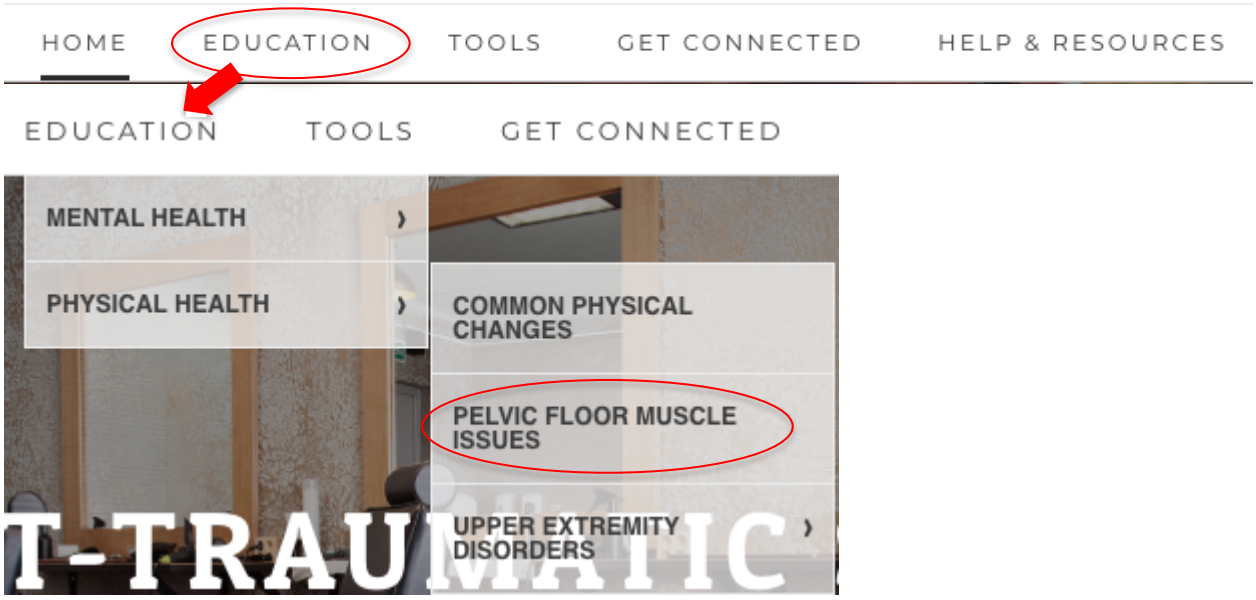
COMMON SYMPTOMS AFTER BIRTH

- Pain and tenderness in pelvic area (specifically after a vaginal birth)
- Pain at the incision site and fatigue (specifically after a cesarean section birth)
- Vaginal discharge
- Urinary problems
- Night sweats
- Hair loss
- Swollen and Sore breasts
- Nipple pain

(Fonti et al., 2009; National Women's Health Resource Center, 2019; March of Dimes, 2018)

OTHER PHYSICAL CHALLENGES

Mothers report being misinformed and uneducated about sleeping disorders during the postpartum period, lack of sexual desire, painful intercourse, and hemorrhoids that may occur after giving birth. These can have an impact on a mother's mental and physical health (Cheng, Fowles & Walker, 2006; Declerq et al., 2004).



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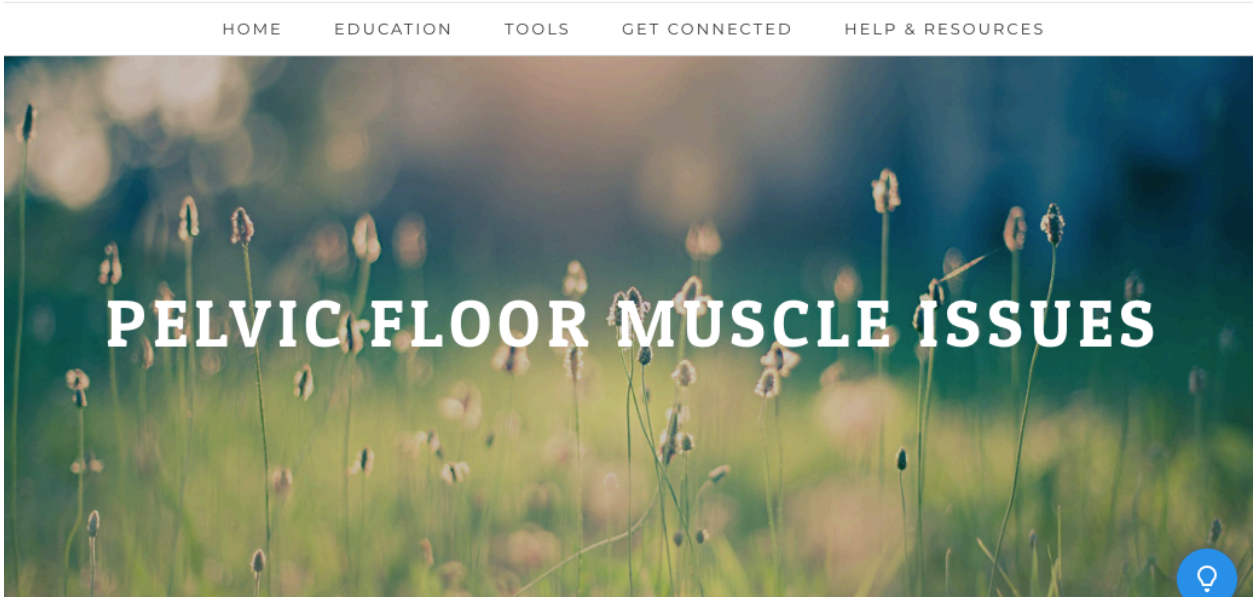
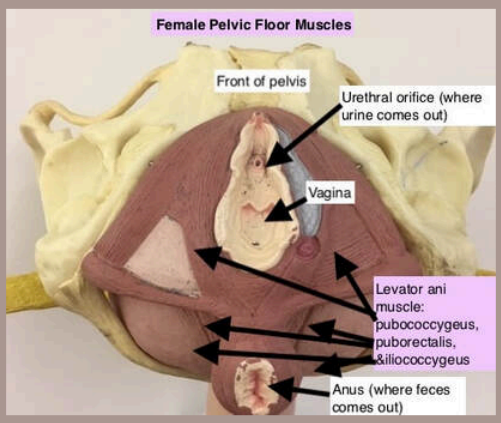




WHAT ARE PELVIC FLOOR MUSCLES & WHY DO THEY MATTER?

Pelvic floor muscles are a group of muscles that sit underneath the pelvis. This layer of muscles support the pelvic organs, which include the bowels, bladder, & uterus. Pelvic floor muscles are also important for sexual intercourse and supporting the spine and baby during pregnancy (Continence Foundation of Australia, n.d.)

During the postpartum period, a woman is likely to experience problems in the pelvic area associated to the trauma that occurred after giving birth vaginally (Fonti et al., 2009; March of Dimes, 2018). After vaginal births, a common cause of pelvic pain and/or urinary troubles (incontinence) is due to weakness of the pelvic floor muscles (Fonti et al., 2009).

Pelvic floor muscle weakness that causes urinary incontinence and pelvic organ prolapse occurs in every 1 out of 5 women in the U.S.

Another issue that can occur after a woman gives birth during the postpartum period is called pelvic organ prolapse. A women has tissue, like ligaments and fascia that hold together the pelvic floor muscles and organs that the muscles hold, like glue. During childbirth, these tissues can stretch or tear, causing the pelvic floor muscles to weaken, therefore causing the pelvic organs to not be in the right place. It is possible for the organs to fall into, or sag into the vagina, or birthing canal during the postpartum period (Continence Foundation of Australia, n.d.)

Both issues can occur at the same time, or one can occur without the other (Office of Women's Health, 2016).

Some symptoms of weak pelvic floor muscles:

- Leakage of urine or feces
- Having to go to the bathroom multiple times in a short amount of time
- Constipation, or inability to have a bowel movement
- Cannot control urine output or bowel movements
- Pain during sexual activity or while going to the bathroom

(Office of Women's Health, 2016)

The button below is linked to an additional resource about urinary incontinence.

URINARY INCONTINENCE

Some symptoms of pelvic organ prolapse:

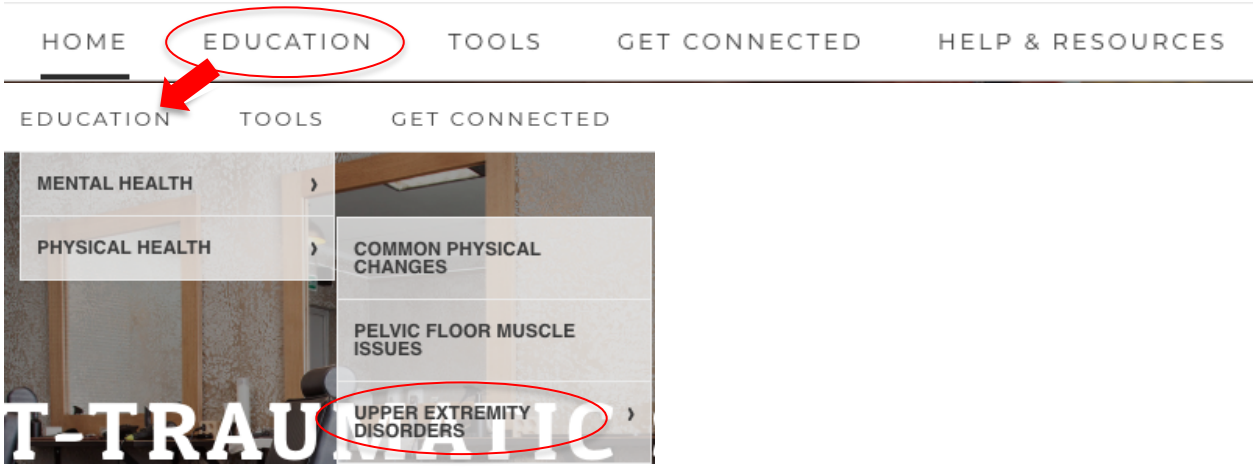
- Troubles urinating/having a bowel movement
- Wetting your pants/inability to control urine output
- Tissues coming out of your vagina
- Trouble with sexual activity/looseness of muscles around the vagina
- Feeling like you are sitting on a ball or like something is falling out of your vagina

(Continence Foundation of Australia, n.d.)

The button below is linked to an additional resource about pelvic prolapse.

PELVIC ORGAN PROLAPSE

**More information about this topic is located in the "Tools" tab under "Person."*



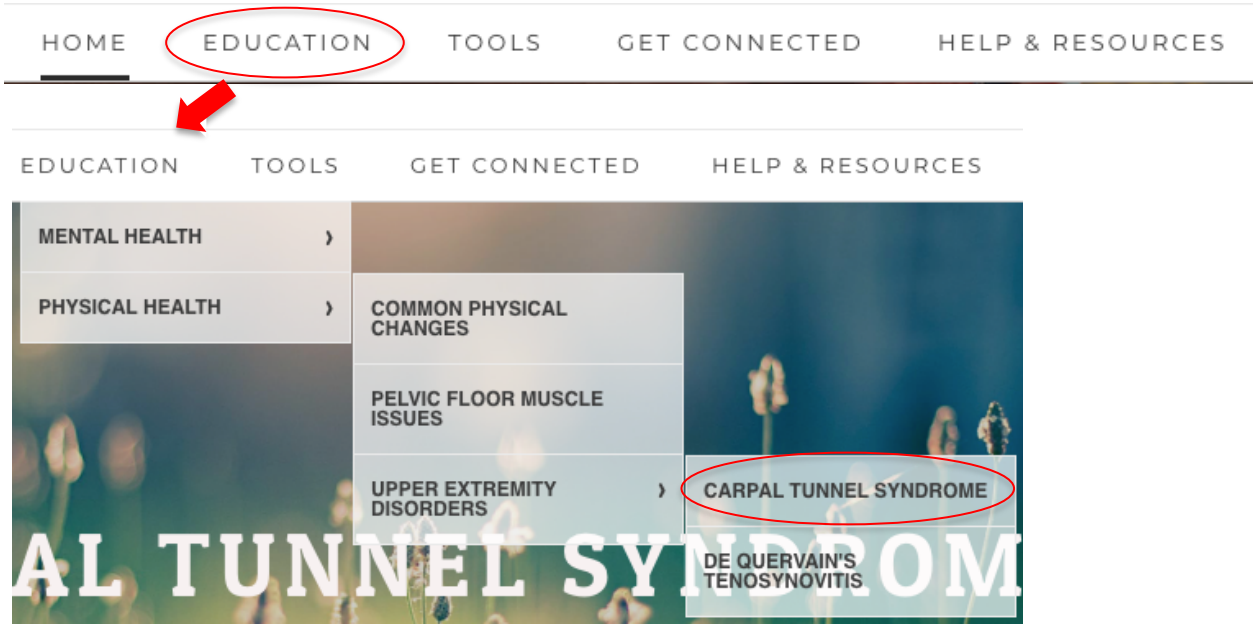
OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES

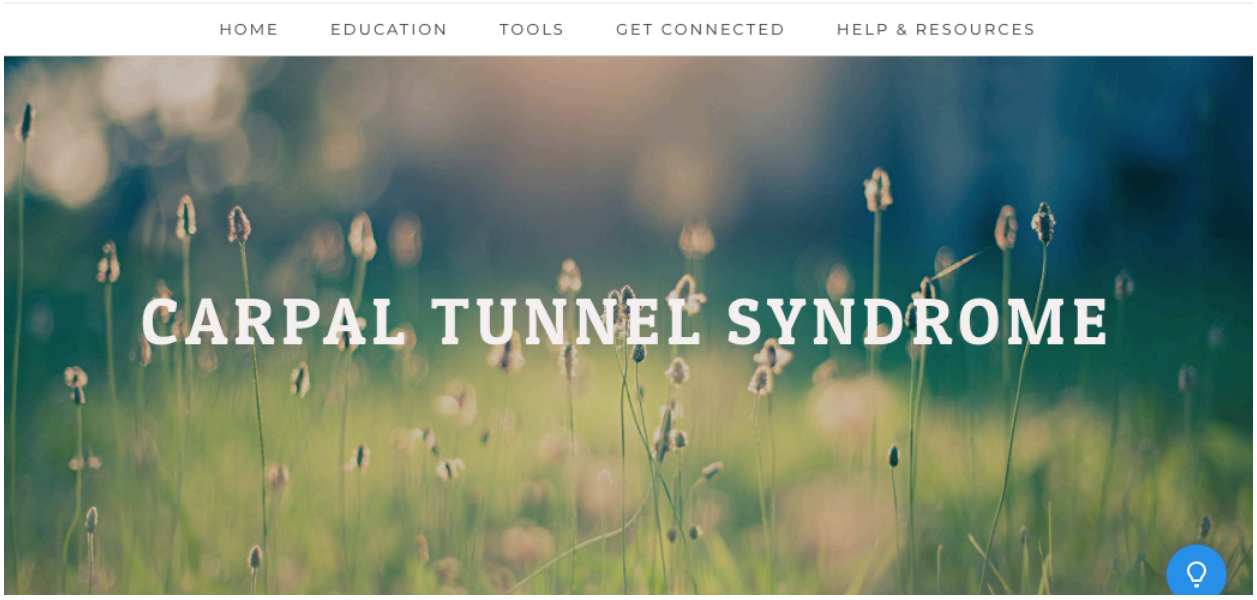
UPPER EXTREMITY DISORDERS

During pregnancy, women undergo many physical changes. Hormonal and other body changes increase the chance of developing an upper extremity (UE) disorder, which is when the hand, arm, or shoulder becomes impaired due to pain, weakness, or tingling feelings (Kesikburun et al., 2018). As a woman progresses through her pregnancy, joints become more mobile, and swelling puts pressure on soft tissues (Thabah & Ravindran, 2015; Smith, Marcus & Wurtz, 2008). In addition to a woman's body changes, new roles and responsibilities may also contribute to the development of an UE disorder (Borg-Stein & Dugan, 2007). For example, a woman may use the same position to breastfeed her child at each feeding time (Rani, Habiba, Oazi & Tassadaq, 2019). If the woman uses the same position over and over again, she could develop an UE disorder, like Carpal Tunnel syndrome or De Quervain's Tenosynovitis (Rani et al., 2019).

"MAN THROUGH THE USE OF HIS HANDS, AS THEY ARE ENERGIZED BY MIND AND WILL, CAN INFLUENCE THE STATE OF HIS OWN HEALTH" (REILLY, 1961)



OCCUPATIONAL GEARING FOR CHILD REARING



WHAT IS CARPAL TUNNEL SYNDROME?

Carpal Tunnel Syndrome (CTS) is a common condition that causes numbness and tingling in the hand, wrist and arm (Rozali et al., 2012). A person can develop CTS when the median nerve is squeezed and compressed within a small structure inside the wrist called the carpal tunnel (Mayo Clinic, 2017; Rozali et al., 2012). If left untreated, mothers may find it more challenging to participate in everyday activities and tasks (Rozali et al., 2012). For some, symptoms may resolve following childbirth (O'Donnell, Elio, & Day, 2010). Others may find their symptoms have worsened either due to the continuous body changes or physical demands required to raise a child (O'Donnell, Elio, & Day, 2010). It is important to seek help from a health professional if symptoms persist (Mayo Clinic, 2017).

More information about this topic is located in the "Tool" tab under "Person."

SYMPTOMS

- Hand numbness
- Pins and needles sensation
- Pain in the wrist or hand
- Sleep Disruptions due to pain and irritation

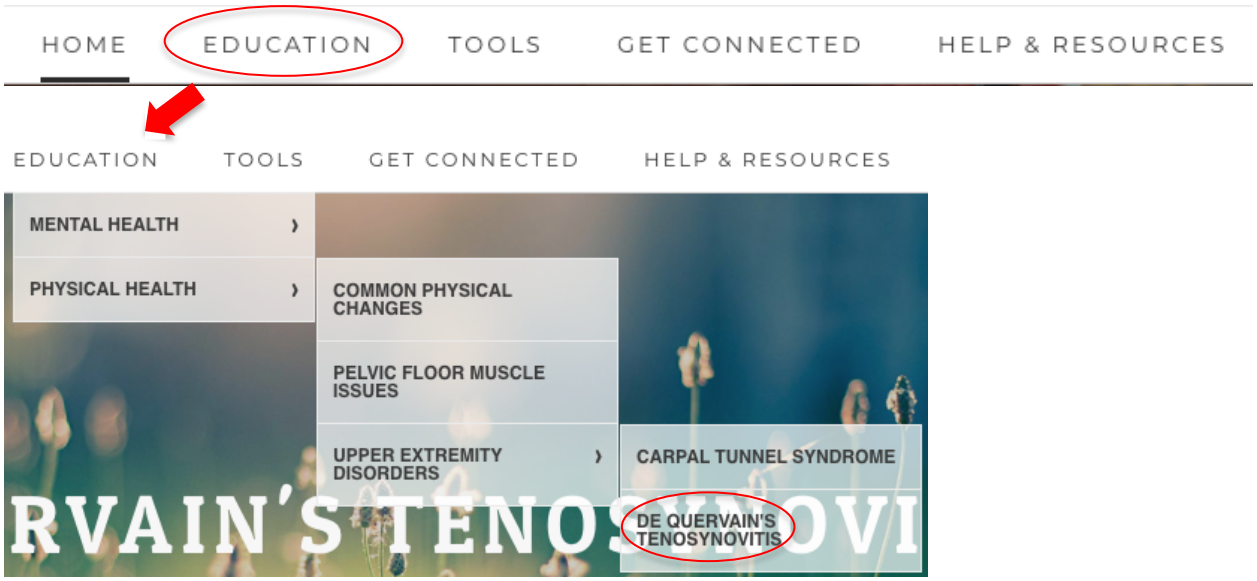
(Mayo Clinic, 2017)

STATISTICS

Women who are pregnant are two to three times more likely to develop carpal tunnel syndrome than women who are not pregnant (Kesikburun et al., 2018).

IMPACT

Limited hand or wrist use which will directly affect performance in daily activities and tasks (Mayo Clinic, 2017).



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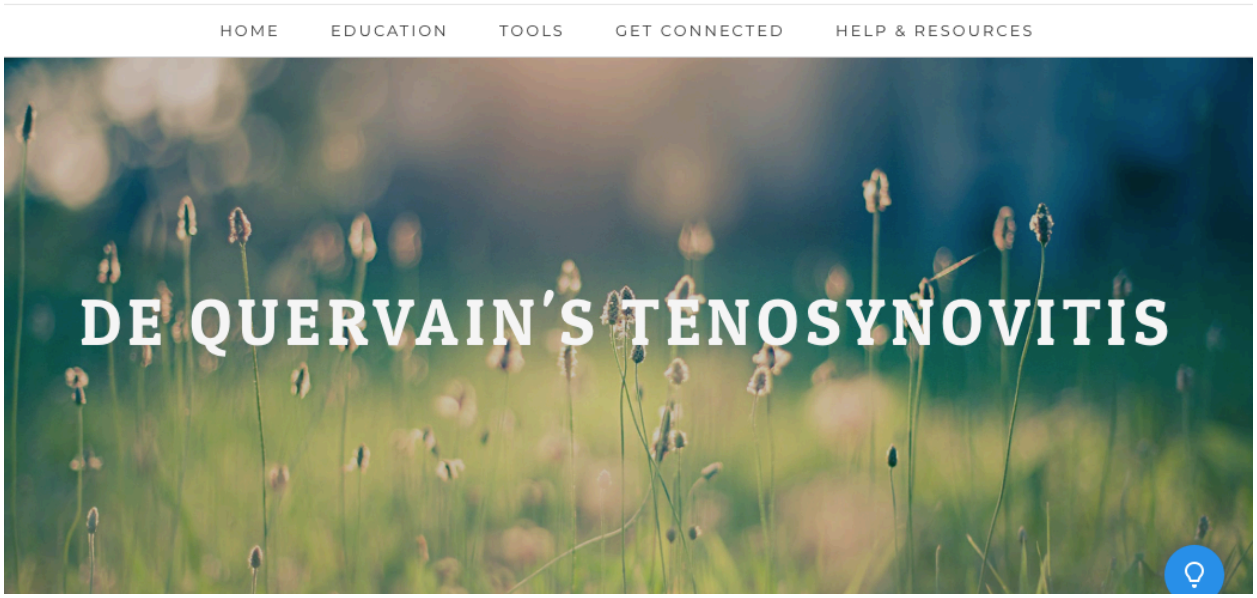


WHAT IS DE QUERVAIN'S TENOSYNOVITIS

De Quervain's Tenosynovitis is a condition in which the tendons in the hand and thumb become inflamed and irritated and put pressure on nearby nerves (Borg-Stein & Dugan, 2007) De Quervain's Tenosynovitis is caused by doing the same motions repetitively, such as putting a child into and out of a carseat over and over again. (Borg-Stein & Dugan, 2007).

More information about this topic is located in the "Tool" tab under "Person."

SYMPTOMS

- Pain and swelling near the base of the thumb
- Difficulty moving the thumb to pinch or grip
- A "sticking" or "stop-and-go" sensation in your thumb when moving it

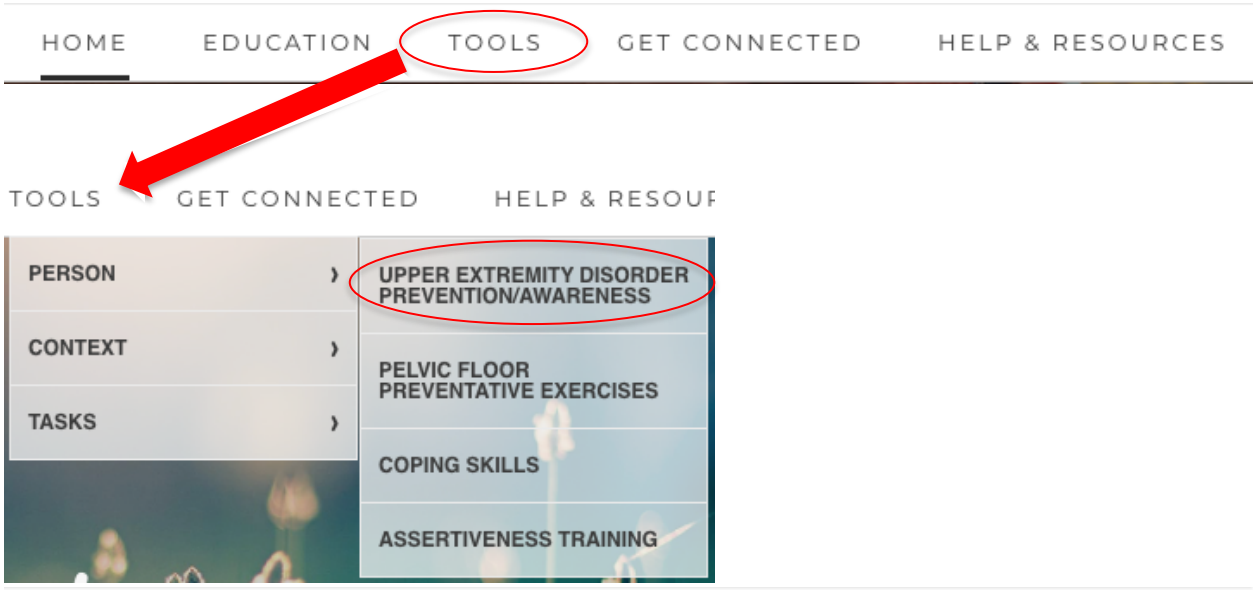
(Mayo Clinic, 2018)

STATISTICS

De Quervain's tenosynovitis is the second most common cause of hand and wrist pain in new mothers following carpal tunnel syndrome (Heckman & Sassari, 1994). Carpal tunnel syndrome is common during pregnancy and De Quervain's tenosynovitis occurs more frequently in the postpartum period (Back et al., 2014).

IMPACT

Similar to carpal tunnel syndrome, De Quervain's tenosynovitis will make every day activities, like holding your child, more difficult due to the pain and swelling in your thumb (Mayo Clinic, 2018).



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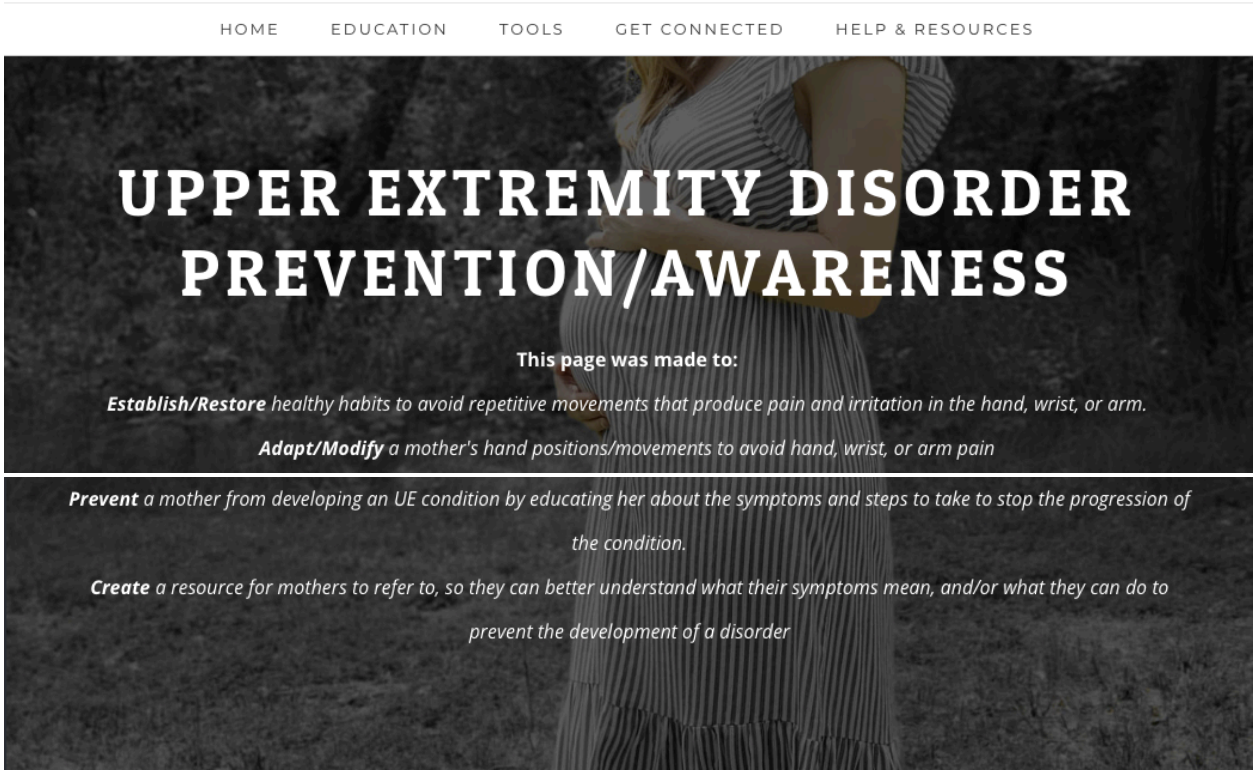


HOW CAN AN OCCUPATIONAL THERAPISTS HELP?

An upper extremity (UE) disorder, like carpal tunnel syndrome or De Quervain's tenosynovitis can be painful and debilitating, making it more difficult to participate in daily activities (AOTA, 2014). OTs are trained in UE rehabilitation and have the skills and knowledge to see how symptoms affect everyday occupations and activities (AOTA, 2014). Some OTs are specialized in UE rehabilitation, and are recognized as certified hand therapists (CHT) (AOTA, 2014). If your symptoms persist you may be referred by your doctor to an OT or a CHT for rehabilitation (AOTA, 2014). It is common for OTs and CHTs to use a variety of methods in treating your symptoms including splinting, ultrasound, exercises, etc. to help you regain hand function and get back to your daily activities (AOTA, 2014).

You may want to see an OT if:
1. You are unable to complete daily activities (holding your child, house work, self-care tasks, etc.) without pain or discomfort
2. Your hand, wrist, or shoulder pain prevents you from falling/staying asleep
3. Your doctor diagnoses you with an upper extremity disorder and symptoms do not resolve with rest

HOW DOES THIS RELATE TO ME AND MY PREGNANCY/RECENT CHILD BIRTH?

Women who are in the perinatal and postpartum period are at a higher risk of developing carpal tunnel syndrome and De Quervain's tenosynovitis, and should take steps to reduce the chance of developing an UE disorder all together. Below you will find a list of symptoms for both carpal tunnel syndrome and De Quervain's tenosynovitis with a list of do's and don'ts that can help reduce symptoms. ***The content within this webpage is not to be used to self-diagnose or considered a cure for your UE symtpoms. Instead, the content is intended to bring awareness to mothers and encourage habits that will help prevent the development of an UE disorder.*** If you begin to experience these symptoms and they do not resolve, you should seek medical attention from your doctor.

HERE ARE SOME DO'S AND DON'TS THAT WILL HELP PRVENT THE DEVELOPMENT OF AN UE DISORDER

Don't position your thumb in the shape of an "L" when lifting or holding baby

Do place your hand palm up on the baby's bottom with your wrist and thumb is in a neutral position when picking up your baby.

Don't hold your hand in an awkward or uncomfortable position while bottle feeding your baby.

Do keep your wrist and thumb in a comfortable neutral position.

Don't use the same breastfeeding position every time you breastfeed, or breastfeed your baby unsupported.

Do change the breastfeeding position you use to avoid repetitive motions and use a pillow for support to ensure the full weight of baby's head isn't resting in your hadn't.

*Find more information about breastfeeding positions under "Breastfeeding" tab

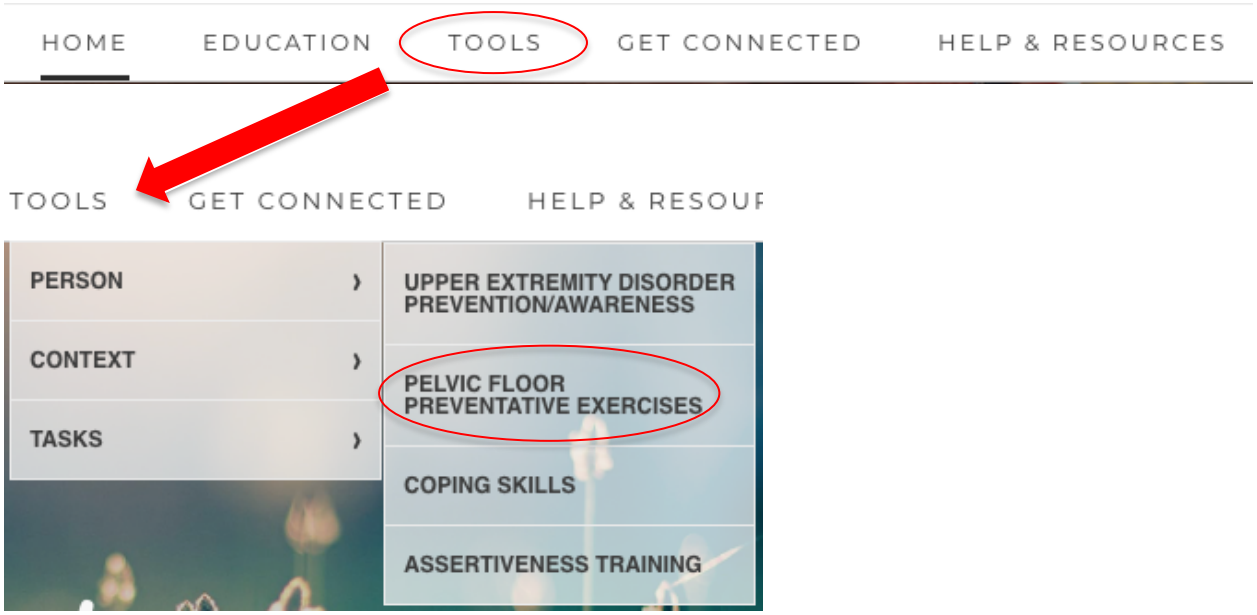
Don't continue to use your wrist and thumb over and over when you begin to feel pain or irritation.

Do have your partner lift and carry baby whenever possible to give your hand and wrist a break

Don't complete activities that require repetitive motions, such as chopping, texting, typing, cleaning, etc.

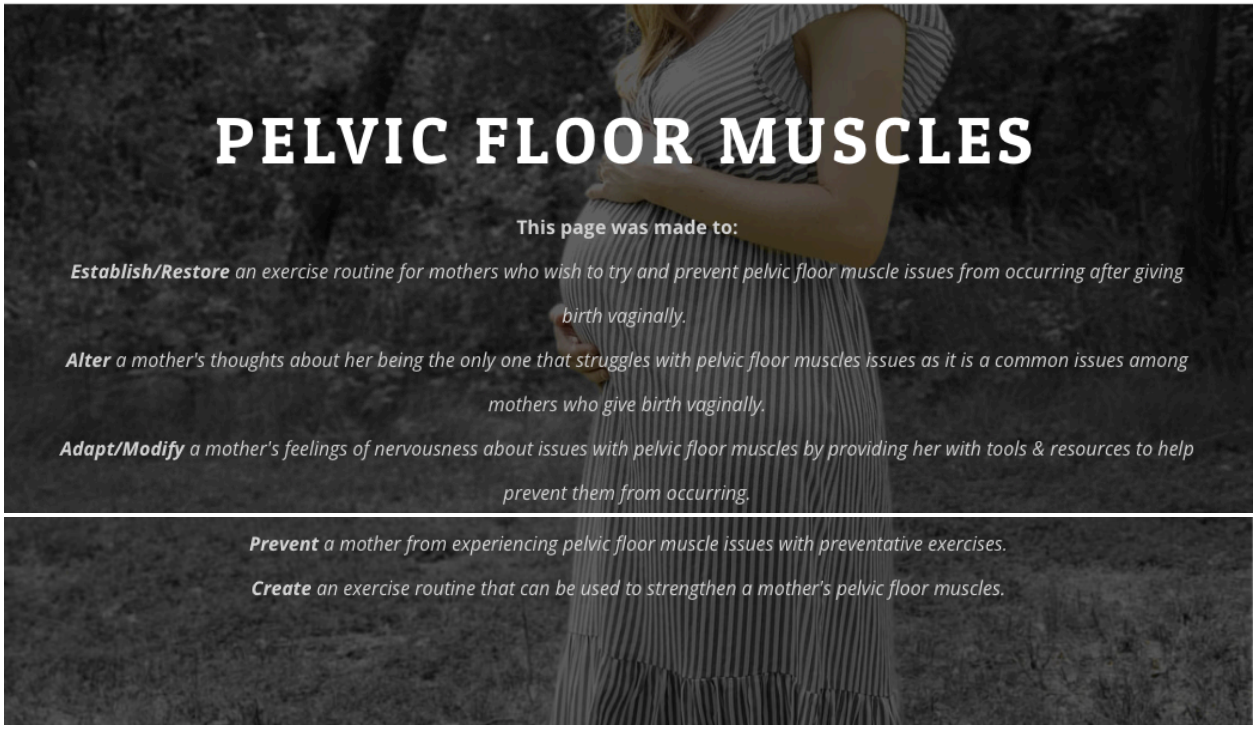
Do limit these activities whenever possible. Request assistance from your partner or look for other ways to accomplish what needs to be done, such as purchasing pre-chopped food.

(Hand Therapy Consulting, 2015)



OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES



WHAT IS THE ISSUE AND HOW CAN OCCUPATIONAL THERAPY HELP?

Pelvic floor muscles are a group of muscles that sit underneath the pelvis. Pelvic floor muscles can become weak after giving birth vaginally and can cause urinary incontinence, and/or prolapse. More education on pelvic floor muscles and the issues that can occur after giving birth can be found in the "Education" tab under "Physical Health."

OTs learn in school about the functions of all muscles in the human body and therefore have knowledge on exercises that can help strengthen certain muscle groups. OTs also have the skills to relate issues back to activities of daily living (ADLs), which is also important to consider as individuals with pelvic floor issues may experience difficulties with sexual intercourse, or sleep, two areas OTs often address. Certain certifications and continuing education courses OTs may have if they are pelvic health OTs include Biofeedback Training for Incontinence Solutions and Pelvic Floor Therapy/Exercise courses.

Below is a general exercise a women could do to help prevent pelvic floor issues from occurring by strengthening their pelvic floor muscles, before and after giving birth vaginally. Since many women may need more assistance in this area, you can ask your doctor about being referred to a pelvic health OT, or any other health care professional who is certified in pelvic floor therapy and/or women's health. It is recommended that you seek additional assistance if you are experiencing any symptoms of pelvic floor muscle weakness and/or pelvic organ prolapse and it is impacting the way you complete your daily tasks. Symptoms can be found under the "Education" tab under "Physical Health."

(Lyon, 2019)

AN EXERCISE TO GET STARTED AND HELP PREVENT PELVIC FLOOR MUSCLE ISSUES:

Exercise instructions were adapted from The National Continence Helpline of the Australian Government Department of Health (2010)

1. GO TO THE RESTROOM

It is important to go to the restroom before you start exercises, especially if you are experiencing urinary incontinence, to prevent possible leakage.

2. SQUEEZE & TIGHTEN YOUR PELVIC FLOOR MUSCLES FOR 10 SECONDS

You could think about holding in your urine, or pretend like you are trying to pick up and squeeze a pea as tight as you can with your pelvic muscles. A lift up into your stomach should occur when you squeeze your pelvic floor muscles for 10 seconds.

It is important to ONLY use your pelvic floor muscles, and not other muscles like your leg, abs, and buttock muscles. To make sure you are only using your pelvic muscles. It may be beneficial to sit on the toilet and while urinating and try to stop urine from coming out. The muscles that you feel working when you stop your urine output, are the muscles that you should be tightening and squeezing.

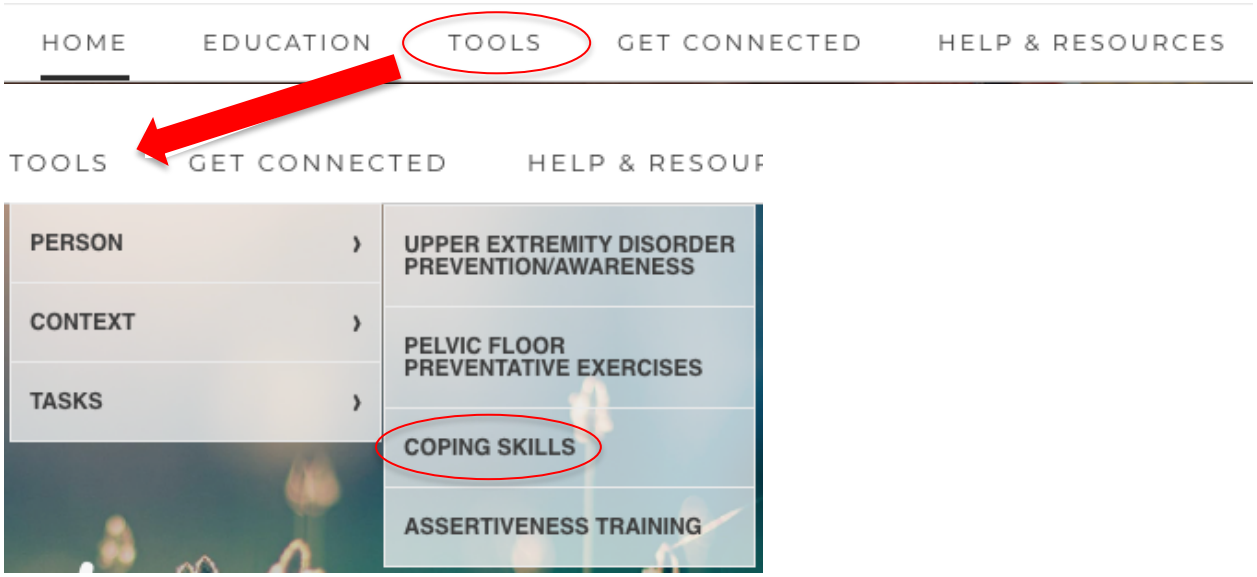
If you cannot hold the muscles for 10 seconds comfortably, start with squeezing them for 5 seconds at a time and working your way up to 10 second squeezes.

3. RELAX YOUR PELVIC FLOOR MUSCLES FOR 10 SECONDS

Relax and let all your muscles in your body relax for 10 seconds before squeezing and tightening only your pelvic floor muscles again.

4. REPEAT SQUEEZE AND RELAX SEQUENCE (INSTRUCTIONS 1-3) 10 TIMES

This exercise could be done everyday, 8-12 times in a row laying down, standing up, or sitting. If you cannot complete the exercise 10 times in a row, start with completing the exercise 5 times in a row and working your way up to 10. If discomfort or pain occurs while completing this exercise routine, stop doing the exercises and contact your doctor.



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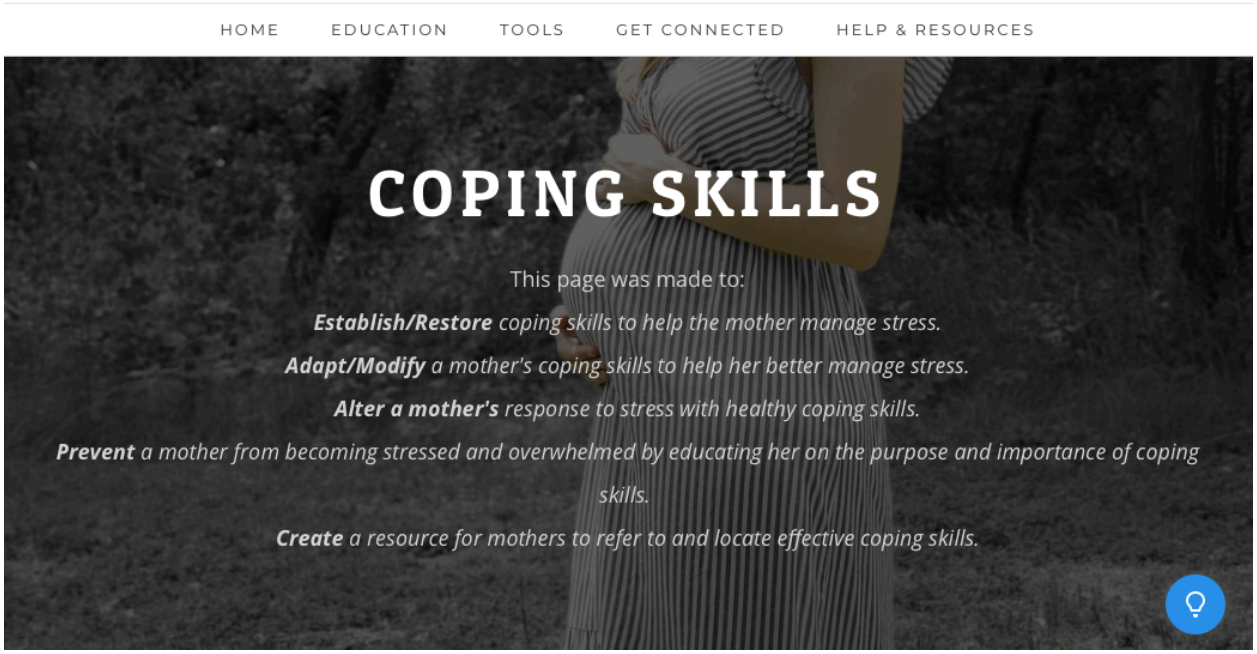


WHAT IS A COPING SKILL?

Are you feeling stressed and overwhelmed? A coping skill is a tool/strategy used to tolerate and minimize your reaction to a stressful event or situation (Taylor, 1998). Try the following coping strategies to reduce your stress, so you can concentrate on the things that really matter to you.

HOW CAN OCCUPATIONAL THERAPY HELP?

Within the profession of OT, mental health is recognized as playing a key role in a person's ability to function in his/her daily life. OTs are educated on how to help their clients implement coping skills to recover and cope with the stressors he/she may be presented with. It is no secret that a mother experiences many changes with the birth of a new child. These coping skills listed below may help a mother to deal with the challenges that often accompany these life changes and transitions.

USING YOUR BREATH TO LEARN TO RELAX

1. Sit quietly in a comfortable position and place your hand on your stomach

2. Close your eyes

3. Relax your muscles as fully and deeply as possible and focus your attention on your breath

4. Breathe easily and naturally through nose

5. As you inhale, feel your hand rise on your stomach

6. Exhale slowly through your mouth and feel your hand slowly lower

7. Continue until you feel relaxed

8. Before you open your eyes, remind yourself of how you feel and encourage yourself to keep the relaxed feeling before returning to your normal activities

NOTE:

Practice! Practice! Practice! The goal of this exercise is to achieve a relaxed feeling in as little time as possible. This way you can provide yourself with a moment of relaxation as often as you wish throughout your day.

(National Library of Medicine [NLM], 2018; Robinson, Segal, Segal & Smith, 2019)

PROGRESSIVE MUSCLE RELAXATION

PROGRESSIVE MUSCLE RELAXATION IS A RELAXATION TECHNIQUE IN WHICH YOU SLOWLY TENSE AND THEN RELAX EACH MUSCLE GROUP (MAYO CLINIC, 2017). USING THIS TECHNIQUE CAN HELP YOU BECOME AWARE OF TENSION YOU WERE HOLDING IN YOUR BODY AND HELP YOU TO RELEASE IT (MAYO CLINIC, 2017).

1. BEGIN BY TIGHTENING THE MUSCLES IN YOUR TOES AND FEET

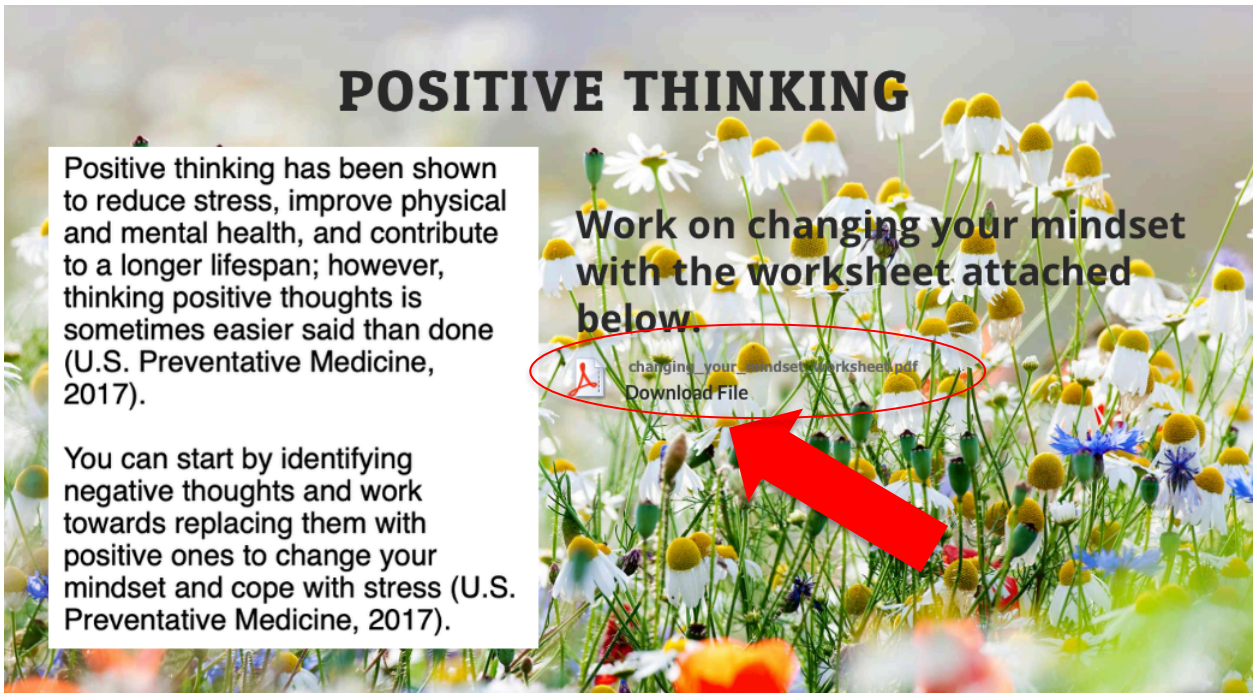
2. TENSE FOR 5 SECONDS & RELAX FOR 30 SECONDS

3. REPEAT AT EACH BODY PART AS YOUR MOVE UP TOWARDS YOUR HEAD (CALVES, THIGHS, STOMACH, ETC.)

4. ONCE YOU'VE REACHED THE TOP OF YOUR BODY, TAKE TIME TO RECOGNIZE HOW YOUR BODY FEELS

5. RETURN TO YOUR ACTIVITIES/TASKS

(MAYO CLINIC, 2017; NLM, 2018)



Changing your Mindset

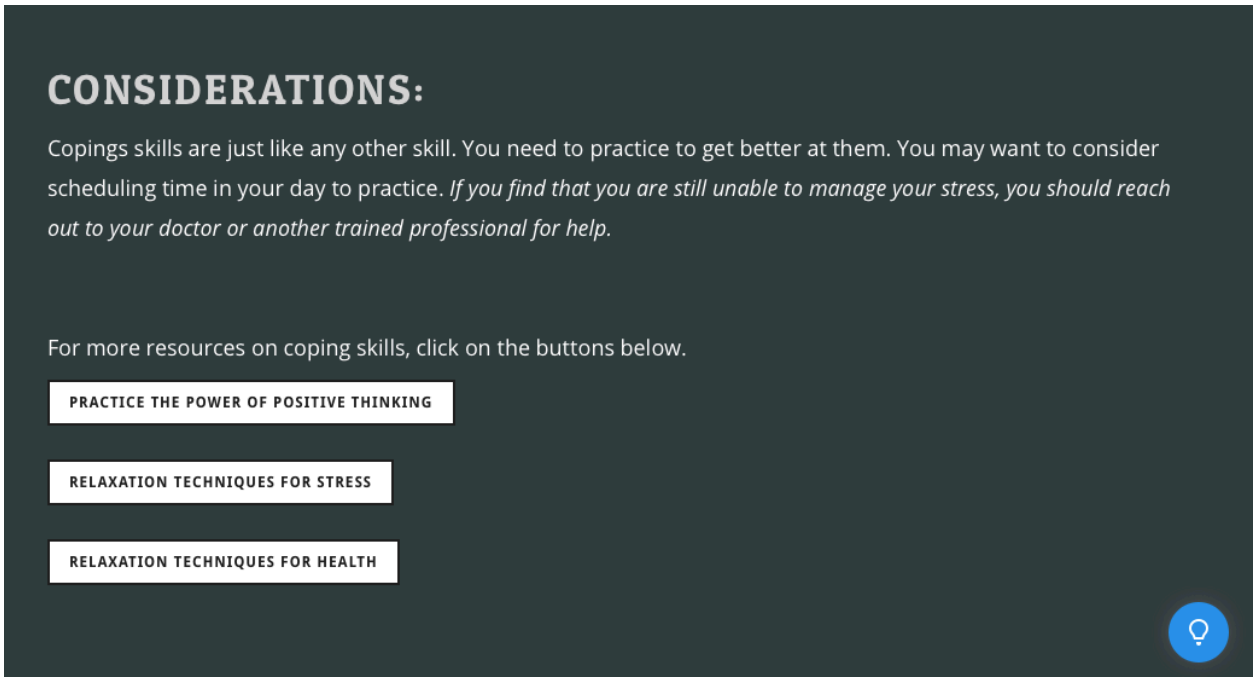
Whenever you find yourself in a negative thought cycle, use this worksheet to shift your thinking and change your mindset to reduce stress. The first page gives you examples of how you can change your negative thoughts into positive thoughts. Use the blank worksheet on the second page to write in your own thoughts. You can use it as much or as little as you please.

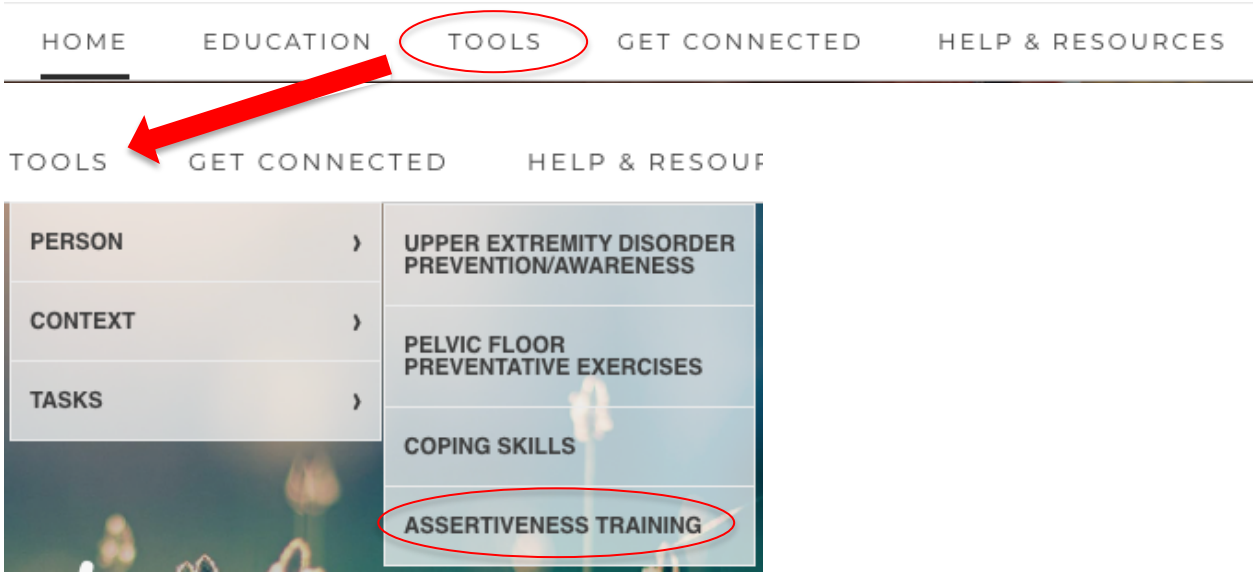
Negative Thought	Positive Thought
"I'm a terrible mother."	*"It may have been challenging today, but my child is fed, clean, dry and smiled."*
"I feel like I'm against the world."	*"No matter what happens, I know I'll make it."*
"I don't think I can go on."	*"I won't give up."*
"I'm no good"	*"I can accomplish anything."*
"No one understands me."	*"I have friends who will support me."*
"There must be something wrong with me."	*"There is nothing wrong with me. I'm having a bad day. Things will get better."*
"My life is a mess."	*"I've accomplished a lot today."*
"Something has to change."	*"I deserve the best in my life."*
"I'm so disappointed with myself."	*"I take good care of myself and my child."*
"I can't get started."	*"There is no problem that is hopeless."*
"Why can't I ever succeed?"	*"I will be successful."*
"Nothing feels good anymore."	*"I am warm and comfortable."*
"I hate myself."	*"I have many useful qualities."*
"I'm worthless."	*"I am respected by my peers."*

Negative Thought	Positive Thought

References

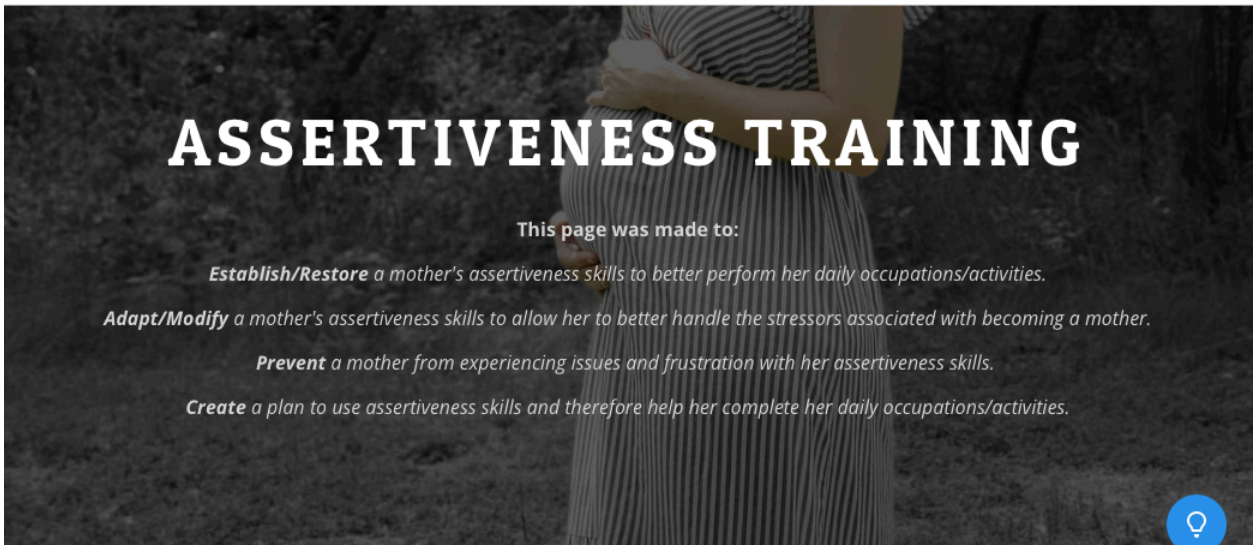
U.S. Preventative Medicine. (2017). *Practice the power of positive thinking.* Retrieved on November 8, 2019 from https://www.uspm.com/practice-the-power-of-positive-thinking/


CONSIDERATIONS:
Copings skills are just like any other skill. You need to practice to get better at them. You may want to consider scheduling time in your day to practice. If you find that you are still unable to manage your stress, you should reach out to your doctor or another trained professional for help.
For more resources on coping skills, click on the buttons below.
PRACTICE THE POWER OF POSITIVE THINKING
RELAXATION TECHNIQUES FOR STRESS
RELAXATION TECHNIQUES FOR HEALTH


HOME
EDUCATION
TOOLS
GET CONNECTED
HELP & RESOURCES
TOOLS
GET CONNECTED
HELP & RESOUF
PERSON
CONTEXT
TASKS
UPPER EXTREMITY DISORDER PREVENTION/AWARENESS
PELVIC FLOOR PREVENTATIVE EXERCISES
COPING SKILLS
ASSERTIVENESS TRAINING

OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES



WHAT IS ASSERTIVENESS TRAINING?

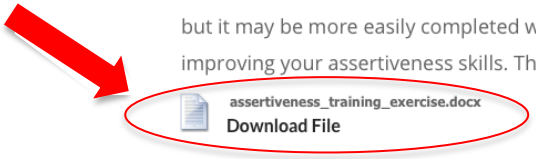
Assertiveness is described as,"communication in which one expresses oneself in a direct and honest manner in interpersonal situations" (Association for Behavioral and Cognitive Therapies [ABCT], n.d., p. 1). Assertiveness training is a behavior based technique occupational therapists can use with mothers to help them feel more comfortable expressing their concerns with their doctor during appointments/checkups as well as to tells others around them if they need assistance during the perinatal and postpartum period. Assertiveness training can benefit anyone that has trouble talking about their needs and wants with others, and would like to improve their ability to talk with others (ABCT, n.d.) Assertiveness training can also be used to help individuals solve and work through conflicts, otherwise known as conflict resolution. (ABCT, n.d.) This can help increase self-esteem and a sense of self respect.

HOW CAN OCCUPATIONAL THERAPISTS HELP?

Assertiveness training is within the scope of OT practice and an entry level skill based on Cognitive Behavior Therapy (CBT) technique. For mothers, assertiveness training can be accomplished through education, role modeling, role-playing, and practice using assertiveness skills.

WHAT IS AN ACTIVITY THAT CAN HELP MOTHER'S IMPROVE THEIR ASSERTIVENESS?

Below is a file that can be downloaded for free to improve your assertiveness. The activity can be completed alone, but it may be more easily completed with an OT as they have additional skills that can aide in the process of improving your assertiveness skills. The activity was adapted by Davis, Eshelman, & Mckay (2008).



By Alana Grabarkewitz, OTS (2019)

Assertiveness Training Exercise

Adapted by Davis, Eshelman & McKay (2008)

1. Identify and circle situations where you believe you are **not** assertive, who you are **not** assertive with, why you are **not** assertive and lastly, what happens when you **are** assertive.

When am I not assertive?

a. Asking for help from others
b. Stating your wants and needs
c. Speaking up about your concerns or questions you have
d. Saying no thank you if you are feeling overwhelmed
e. Making requests to employers, doctors, significant others, or others
f. Asking for a service that you feel may be necessary
g. Asking for a date or an appointment
h. Giving complements to those that help you

Who am I not assertive with?

a. Parents
b. Co-workers and/or classmates
c. Friends/Relatives
d. Significant others
e. Children
f. Employer/boss
g. Doctors, nurses, health care providers

Why am I not being assertive? Is it because I am afraid that others will think that I am…

a. Selfish
b. Wrong or crazy
c. Disrespectful
d. Stupid
e. A complainer
f. Unfriendly/rude
g. Weak
h. Depend on others too much
i. Too “needy”
j. Unmotivated
k. Wasting other’s time

What happens when I am assertive?

l. Getting help with certain tasks
m. Getting more time with my significant other
n. Feeling listened to and understood
o. Conference in speaking up when something is important to you
p. Feeling comfortable around doctors, or health care professionals
q. Confidence in stating your needs, concerns and/or wants to others without guilt
r. Comfort with employers or co-workers
s. Less feelings of angry, frustration, or dissatisfaction
t. Less feelings of helplessness or feeling as though nothing will ever change

2. Come up with situations where you feel uncomfortable based on what you identified and circled in the questions above. Make sure to state **who** the person involved is, **when** it takes place (time and place), **what** bothers you, **how** you deal with it, and **why** you are not being assertive you would want to happen.

Example: I have trouble stating my concerns and questions to my **doctor (who)** about my feelings of sadness while **at a routine checkup appointment three weeks after giving birth (when)**. The doctor **only focuses on my child and their health (what).** While this important, I feel like my feeling of sadness are impacting how I care for my child. **I do not say anything to my doctor (how)** because **I do not want to waste his time, or sound stupid and weak (why).**

Next, state *what you would like to happen*, or what your *goal* is for each situation that you identified above.

Example: I want to *feel more confident in stating my needs and concerns to my doctor*. I feel it important to discuss my sadness to better care for myself and my child and would like to *feel listened to and understood* by my doctor.

3. Now, coming up with a plan to deal with the situation is necessary. Making a script and practicing what you are going to say during the situations made in the previous step, will be important to practice to reach your goals next time you are in the same or similar situation. Role playing the situations with someone may is encouraged as it is a great
way to practice what you are going to say.

Be sure to include in the script:

1. A **time and place** to discuss your problem that is appropriate and convenient for you and the other person.
2. **The problem**, or what bothers you.
3. **Your feelings**, stated in “I messages” to prevent blaming other or sounding angry.
4. **What you want** in a simple and easy to understand sentence.
5. **Why** you want what you want to make sure the other person understands you.

Example:

Time and place: *I plan to discuss the problem with my doctor at my next appointment.*

The problem: *My feelings of sadness have worsened since I gave birth four weeks ago and they are impacting how I care for my child and it is hard to get out of bed every day. I have not discussed these feelings with you because I feel like during checkup appointments, the focus is only on my child and not me.*

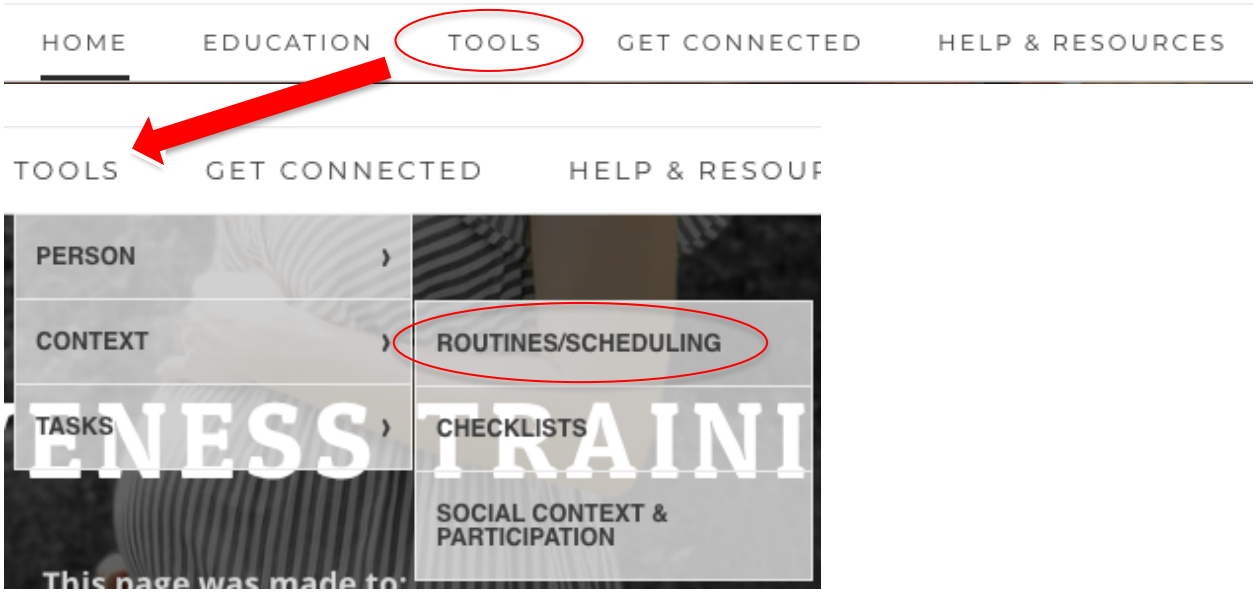
Your feelings*: Since my child’s wellness is most important, I feel dumb telling you my concerns about myself because I do not want to waste your time or sound weak.*

What you want: *I would like to discuss the concerns I have about my feelings of sadness.*

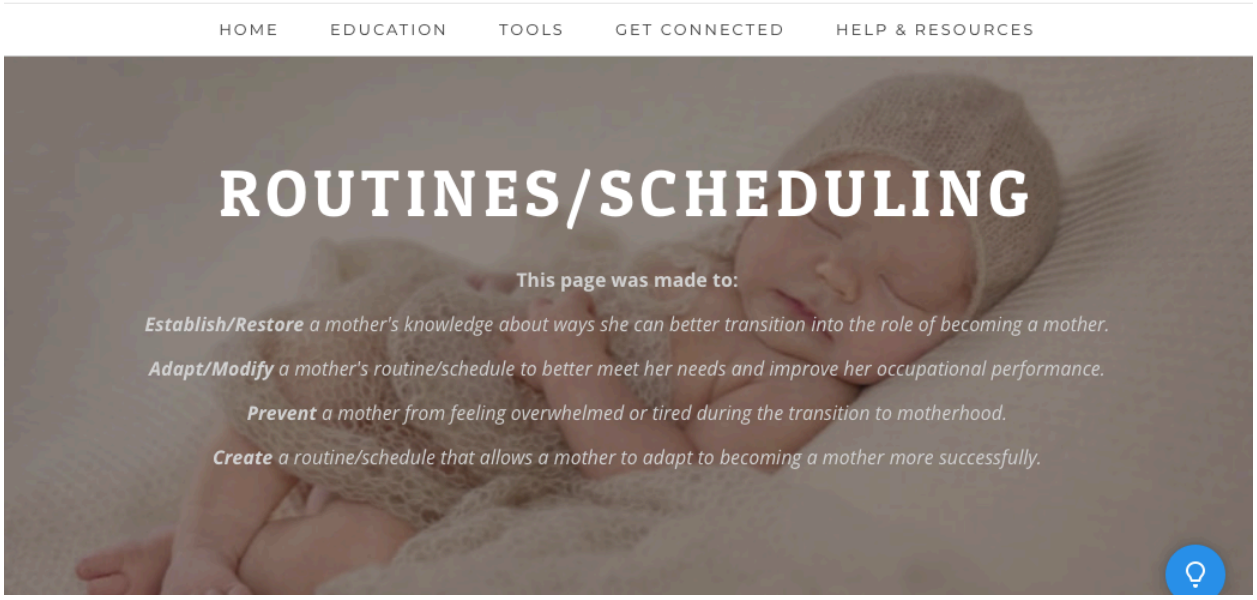
Why: *I want to feel happy again to better care for myself and my child, and to be a good mom.*

References

Davis, M., Eshelman, E., McKay, M. (2008). *The relaxation & stress reduction workbook.* Oakland, CA: New Harbinger Publications, Inc.



OCCUPATIONAL GEARING FOR CHILD REARING



HOW CAN AN OCCUPATIONAL THERAPIST HELP YOU TO DEVELOP A ROUTINE/SCHEDULE?

An OT can help you come up with a routine as they are skilled in activity analysis. They also know how to organize someone's schedule to better fit their needs, wants, and roles which influences their ability to complete activities, or occupations. ***Routines and role transitions*** are defined as "performance patterns", or "habits, routines, roles, and rituals used in the process of engaging in occupations or activities" (AOTA, 2014, p. S27). These "performance patterns" are either supportive in participating in occupations, or activities, or they negatively impact participation in occupations, or activities (AOTA, 2014). As this is an area that is within an OT's scope of practice, a breastfeeding routine chart is attached below, along with a self-care schedule to help you better transition to becoming a mother.

A referral to an OT by your doctor could be beneficial if you would like more assistance in successfully transitioning into the role of motherhood. If you feel you need more guidance, you are able to request an OT referral from your doctor if you are experiencing anxiety about becoming a mother, feel overwhelmed and overworked as a mother, or feel like your day needs restructuring to make you a better mother.

BREASTFEEDING ROUTINE

FEEDING ROUTINE CHART

A mother may find it helpful to track when a baby feeds because this help her create a feeding schedule tha work around during her day. It's important to remember that the baby will let you know when they are do feeding and that feeding times may vary day to day. Make sure to record **when your baby begins to feed long the baby feeds on each breast** (If you are bottle feeding, record the amount the baby drank).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
NOON							
1 PM							
2 PM							
3PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
MIDNIGHT							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							

FEEDING ROUTINE

By clicking on the button above, you can download this document as a first step to managing a feeding routine. Recording the times that your baby feeds can help to schedule around and predict when you need to feed. The chart was adapted by the Office of Women's Health [OWH], (n.d.).

SELF-CARE SCHEDULE

Self-Care Schedule By Alana Grabarkewitz

2019

Month

Year

"Being a mother is learning about strengths you didn't know you had and dealing with fears you never knew existed" -Linda Wooten

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

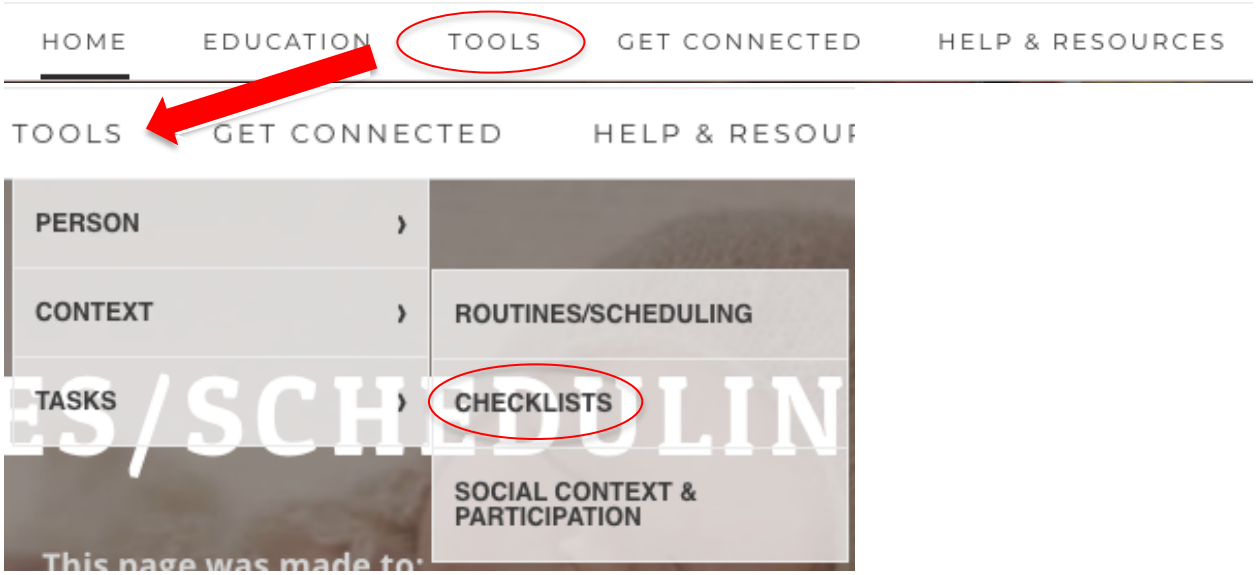
1. Each month, come up with self-care activities that you enjoy and would like to include in your schedule. Examples of some self-care activities are provided:

-Get your nails done
-Play a board game
-Date night
-Take a bath
-Meditate
-Exercise

2. Now write in the calendar one self-care activity a day you would like to make a priority. Try your hardest to stick to your self-care schedule because you deserve it!

SELF-CARE SCHEDULE

Making a self-care schedule and following through with the self-care tasks that you come up with can help to reduce stress and successfully transition to the role of becoming a mother. The chart is free to download and make copies of. By clicking on the button above, you can download this document to help manage the stressors that can occur when transitioning to the role of motherhood.



PREPARING FOR BABY

Having a baby can be overwhelming. There are so many things to learn and do and only nine months to do it in. There are checklists below intended to help you get ready for baby. These lists aren't all inclusive or set in stone. Feel free to add or remove items from the checklists as needed. They are intended to give you a starting point in preparing for the birth of your new child.

CHECKLISTS/TIMELINES

GETTING READY FOR BABY

getting_ready_for_baby.pdf
Download File

HOSPITAL BAG CHECKLIST

hospital_bag_checklist.pdf
Download File

CREATING A SAFE ENVIRONMENT

creating_a_safe_environment.pdf
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CHECKUP APPOINTMENTS

checkup_appointments.pdf
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Getting Ready for Baby

Getting ready for a new baby can be overwhelming. It can be hard to know where to begin. The items within this checklist are not all-inclusive nor are they set in stone. They are recommendations that you may want to consider in getting ready for the birth of your new child.

	Visit the hospital or birthing center. Make sure you know how to get there, where to park, and where to check in. Find out if you can preregister so that your insurance information will already be in the computer when you arrive.
	Develop a birth plan and discuss it with your doctor or midwife. A birth plan is a tool used to communicate how you want labor and delivery to go. Some things you might want to include in your plan are… • What support people you want in your labor room • Your wishes for managing pain • Your desire to hold or nurse your baby right after birth • Concerns you have about any routine policies or procedure at the hospital or birthing center Write your birth plan out so that you can bring it to the hospital when you go into labor. Find out how to reach your doctor or midwife when you go into labor. And ask her or him at what point in labor should you call.
	Arrange maternity leave with your employer and discuss who can cover for you during your time off.
	Consider taking a birthing, breastfeeding, or parenting class. Classes are a good way to prepare yourself for what's about to happen, and help you gain more confidence in your knowledge and skills.
	Arrange for a neighbor or family member to take care of your pets or other children while you are in the hospital.
	Talk to family members and friends about what kind of support will be helpful to you when you come home with your newborn. You will need lots of support and help. On the other hand, don't plan for too many out-of-town visitors all at once. Ask family members and friends to be flexible.
	Pack a bag for the hospital. You will want to pack items for yourself and your baby.
	Practice putting the car seat in the car, so you are ready for the day you bring your new baby home.

References

Office of Women's Health. (2018). Last-minute to-dos. Retrieved on November 9, 2019, from https://www.womenshealth.gov/pregnancy/getting-ready-baby/last-minute-dos

CHECKLISTS/TIMELINES

GETTING READY FOR BABY

getting_ready_for_baby.pdf
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HOSPITAL BAG CHECKLIST

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creating_a_safe_environment.pdf
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checkup_appointments.pdf
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Hospital Bag Checklist

You will want to pack a hospital bag months prior to your due date, so it is ready for when you go into labor. When packing your hospital bag, try to only pack the things you need and really want for you and your baby. It may be helpful to check with the facility ahead of time, to find out what kind of things they will provide you with. The items within this list are just suggestions. You may find yourself adding or removing items for your own hospital bag.

Items for you	
	Nightgown or bathrobe
	Slippers
	Bra (nursing bra)
	Breast pads
	Maternity Pads/Panty Liners
	Socks
	Underwear
	Hair ties
	Toiletries: toothbrush, toothpaste, hairbrush, face wash, lotion, deodorant etc.
	Comfortable and loose-fitting clothing to wear home
Items for Baby	
	Car seat
	Outfit to wear home
	Socks
	Baby blanket
	Hat (for cold weather seasons)
Important documents	
	Insurance card
	Hospital admission papers (unless pre-admitted)
	Pregnancy medical file, with prescription medication list
	Birth Preferences (Birth Plan)
Other	
	Camera
	Cell phone charger
	Any item that can will help soothe or comfort you

References

Better Health Channel. (2018). Pregnancy: packing for the hospital. [PDF file]. Retrieved from https://www.betterhealth.vic.gov.au/health/HealthyLiving/pregnancy-packing-for-hospital?viewAsPdf=true

New York Department of Health. (n.d.) Your guide to a healthy baby. [PDF file]. Retrieved from https://www.health.ny.gov/publications/2935.pdf

Queensland Government. (2019). What to bring to the hospital when you're having a baby. Retrieved on November 9, 2019 from https://www.health.qld.gov.au/news-events/news/what-to-bring-pack-baby-bag-hospital-birth

CHECKLISTS/TIMELINES

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checkup_appointments.pdf
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Creating a Safe Environment

Before you bring baby home	
	Check to see if your smoke detectors and carbon monoxide detectors are working - There should be one at each level of your home and in halls outside of bedrooms
	Put emergency phone numbers, including poison control near each phone
	Make sure your home or apartment number is easy to see, so emergency personnel can locate you quickly in the event of an emergency
	Double check baby furniture to make sure it is safe and sturdy, including cribs, highchairs, changing tables, etc. - Secondhand purchases are great, but you want to make sure they follow government safety standards and that they haven't been recalled. - Use the following website, to access more information about safety standards and recent product recalls https://www.cpsc.gov/Safety-Education/Safety-Guides
	Remove any blankets, pillows, and stuffed animals from your child's crib to prevent suffocation.
Before baby begins to crawl and walk	
	Cover all electrical sockets with outlet plugs
	Hide or raise cords or strings that are connected to lamps, electronics, blinds etc. You can tack or tape them high enough for baby not to reach. This will prevent your child from getting tangled in them and possibly strangling him/herself.
	Secure furniture and electronics to the wall or other stationary, such as bookcases and TVs, so they cannot be pulled down on top of your baby
	Use protective padding to cover sharp edges and corner, such as from a coffee table or fireplace.
	Store all medicines, cleaning products, and other poisons out of baby's reach.
	Install safety latches on cabinets and doors.
	Install safety gates at the bottom and top of stairwells or to block entry to unsafe rooms.
	Place houseplants out of baby's reach. Some plants can poison or make your baby sick.
	Look for and remove small items that could be easily swallowed or cause choking.

References

Administration for Children and Families. (n.d.). Childproofing checklist. Retrieved on November 7, 2019 from https://www.acf.hhs.gov/ecd/childproofing-checklist

Office of Women's Health. (2018). Making your home safe for baby. Retrieved on November 7, 2019 from https://www.womenshealth.gov/pregnancy/getting-ready-baby/making-your-home-safe-baby

CHECKLISTS/TIMELINES

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Prenatal and Postnatal Checkups

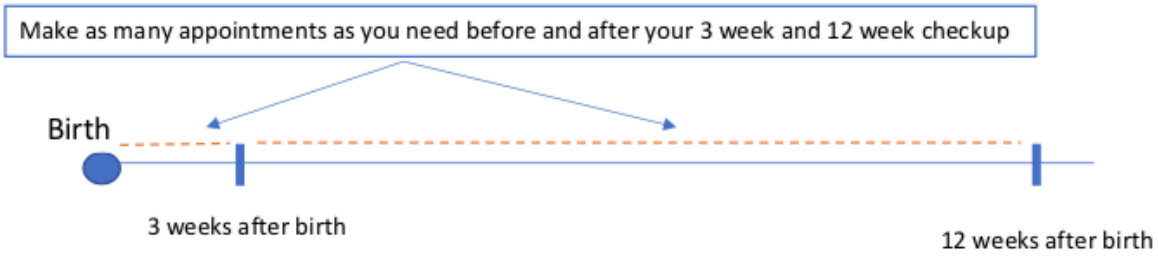
Regular checkups are very important in prenatal and postnatal period. Consistent care can help keep you and your baby healthy, spot problems if they occur, and prevent problems during delivery. Your doctor can assist you in making appointments for checkups, but if you feel that you need more, don't hesitate to reach out or schedule additional appointments. The frequency of appointments is dependent on how far along you are in your pregnancy. Do your best to show up to all your appointments to help you doctor monitor your health and your baby's health.

It's important to be honest with your doctor throughout all of your checkups to ensure you are receiving the care you need. Make a list of all the questions you think you and bring it to your appointments. Remember, no topic or questions is off limits!

Prenatal Checkups

Postnatal Checkups

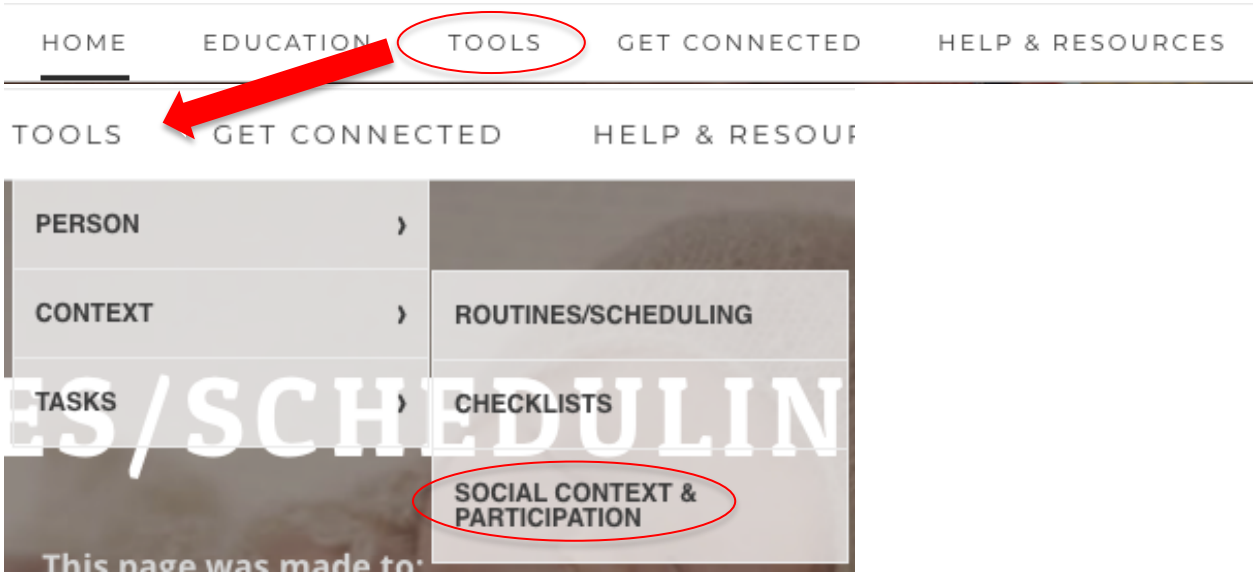
The American College of Obstetricians and Gynecologists (ACOG) suggests that women see their doctors within three weeks of giving birth, with regular check-ins as needed before and after, along with a comprehensive visit within 12 weeks postpartum.



References

American College of Obstetricians and Gynecologists. (2018). Optimizing postpartum care. Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care

Office of Women's Health. (2019). Prenatal care and tests. Retrieved on November 9, 2019 from https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests/#3



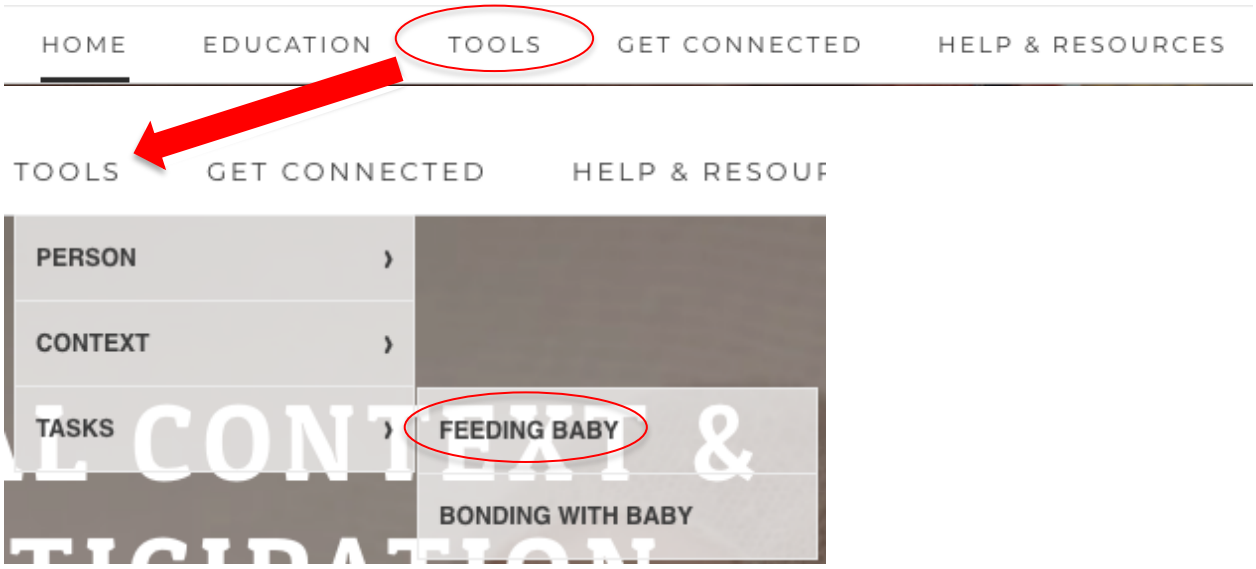
OCCUPATIONAL GEARING FOR CHILD REARING

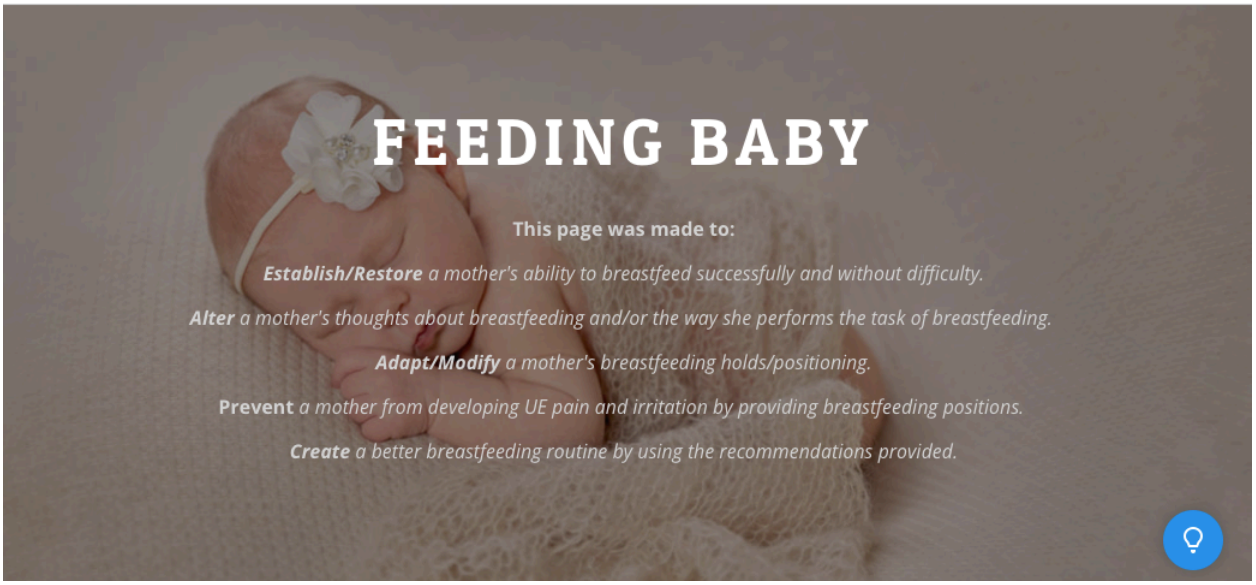
A ***social context*** refers to the environment in which someone interacts with other people and groups (AOTA, 2014). ***Social participation*** is the act of engaging and interacting with such people and groups within your social context (AOTA, 2014). **Occupational therapists often address social participation as this is in their scope of practice and a major occupation that influences a person's identity**. Research has shown that it is not uncommon for new mothers and couples to find that their social contexts and social participation has changed with the birth of a new child (Delmore-Ko, Pancer, Hunsberger, & Pratt, 2000; Horne, Corr & Earle, 2005). The demands of a new child can prevent a mother from engaging in social participation like she used to (Delmore-Ko et al., 2000). Lack of social participation, or social disconnectedness, can lead to negative thoughts about a child, anxiety, stress, depression, and overall decreased well-being (Delmore-Ko et al., 2000).

Within this website, we have created a social context through a blog under the "Get Connected" tab that you can post comments in freely to share your thoughts and concerns with other mothers. We hope this tool will provide you with a healthy social support to help you through a challenging time period. We also encourage you to reach out to your partner, friends, and family for additional support through this time, as it is known to have a positive impact on your overall health and well-being.

By clicking the button below, you will be brought to the "Get Connected" blog page.

GET CONNECTED BLOG




FEEDING BABY
This page was made to:
Establish/Restore a mother's ability to breastfeed successfully and without difficulty.
Alter a mother's thoughts about breastfeeding and/or the way she performs the task of breastfeeding.
Adapt/Modify a mother's breastfeeding holds/positioning.
Prevent a mother from developing UE pain and irritation by providing breastfeeding positions.
Create a better breastfeeding routine by using the recommendations provided.

BREASTFEEDING.

WHAT IS BREASTFEEDING AND WHY IS IT IMPORTANT TO BREASTFEED, IF POSSIBLE?

Breastfeeding is the act of providing an infant child with a mother's milk for food and nutrients. The milk is produced and given to a child through a women's breast (Pitonyak, 2014). It is important to note that not all women are able to breastfeed for various reasons and a mother should do whatever is best for her and her child.

Breastfeeding is beneficial to the ***baby's health*** for the following reasons:

1. Milk produced by a woman has health benefits that can protect a baby from many different diseases and infections, like obesity and asthma.
2. Breast milk can decrease the chances of a baby dying from sudden infant death syndrome (SIDS), a fatal syndrome where a baby becomes unable to breath while sleeping.
3. Breastfeeding a baby has a positive effect on the baby's intelligence, or success in school later in life.
4. Feeding a baby with breast milk benefits a baby's motor and cognitive development, or how well a baby can use it's muscles and bones for movement and how well a baby can think and understand their surroundings.

(Pitonyak, 2014)

Breastfeeding is beneficial to the ***mother's health*** for the following reasons:

1. Breastfeeding a child can help a mother recover sooner from the physical side effects of birth, like bleeding in the pelvic region.
2. Breastfeeding can help a mother lose the weight that she gained during pregnancy, in a shorter amount of time compared to if a mother does not breastfeed.
3. Breastfeeding has contraception effects, or in other words, can make sure a women does not become pregnant too soon after giving birth.
4. Breastfeeding also decreases a mother's risk of getting diagnosed with disease/conditions like obesity and ovarian cancer.
5. Breastfeeding may also decrease the chances of a mother being diagnosed with postpartum depression, a condition that is explained in the "Education" tab under "Mental Health".

(Pitonyak, 2014)

HOW CAN AN OCCUPATIONAL THERAPIST HELP?

Occupational therapists can help you with breastfeeding.

- Specifically, you may need help establishing a feeding routine with your infant.
- If you are a mother who is unable to breastfeed, an OT can also help you bottle feed by recommending various products and giving tips as they are skills in making activity changes.
- Ergonomics, or proper body positioning while breastfeeding can also be addressed by an OT as they have knowledge in this area as well. Proper positioning can help prevent injuries or conditions from occurring, like DeQuervian's Tenosynovitis or Carpal Tunnel, which are described in the "Education" tab under "Physical Health."
- To fully treat you if you are breastfeeding, you may want to consult a Certified Lactation Consultant (CLC) if you are experiencing difficulties, like difficulty with the infant latching to a mother's nipple properly (Pitonyak, 2014). OTs can become CLCs through continuing education courses.

DEVELOPING A FEEDING ROUTINE.

Below is a link to a document a mother can use as a first step to managing and starting a feeding routine. Recording the times that your baby feeds can help to schedule around and predict when you need to feed. The chart was adapted by the Office of Women's Health [OWH], (n.d.).

FEEDING SCHEDULE

BOTTLE FEEDING TIPS & PRODUCTS.

Below are a tips and products that may be helpful for a mother to use if she needs to bottle feed her child, or that may make bottle feeding an easier task. Consult your doctor on what type of infant formula, or replacement of nutrients and food is best for you child.

TIPS FOR BOTTLE FEEDING

- In preparing formula, be sure to level off the amount of formula with a clean knife or spatula and DO NOT pack the powder as this may be too much formula for your child.
- NEVER warm a bottle in a microwave. A microwave oven does not heat the bottle properly or evenly throughout. If any part of the milk is too hot, the baby may get burns in his/her mouth.
    - Placing a bottle in hot water, around 98.6 degree Fahrenheit for approximately 10 minutes is ideal. The milk should feel the same temperature as your skin. Put some of the milk on your wrist before feeding your child to make sure the milk is the right temperature. A milk warmer (displayed below) may also be a good solution if you are struggling to create the correct temperature of milk.
- DO NOT use left over formula if your baby does not finish their bottle. Use fresh formula milk and a clean bottle for each feeding time.
- Cuddling, talking, and showing your baby love and affection during bottle feeding times is a good thing because it may help to decrease fussiness behaviors your baby may show.
- Stroking an infant's cheek softly and slowly may help to introduce bottles to a baby as this will help to stimulate a baby's rooting reflex, or natural and innate ability to open his/her mouth to feed.
- DO NOT give your baby a bottle while they are alone to put them to bed as this can cause choking, increase the risk of middle-ear infections and tooth decay. ALWAYS hold your baby while feeding.
    - Hold the baby's head slightly higher than the rest of the babies body to reduce the chances of he/she getting ear infections.
- Find a relaxing environment to feed your baby in that is free from disruptions, rearrangement, adjustments, and don't wipe or burp the baby before it is done feeding.
- Never force the infant to finish the bottle. The baby will show you when he/she is done feeding by sealing the lips, moving it's head away from the bottle, spitting out the nipple, or becoming fussy.
- Sterilizing, or cleaning all equipment used to prepare and feed an infant very well to remove all germs and debris, is important. This can be done with soap and water, but also with a bottle sterilization machine, that is shown below.

(American Academy of Pediatrics, 2011; CDC 2018)

HELPFUL PRODUCTS

Dr. Brown's Newborn Feeding Bottle Set can be purchased on Amazon, by clicking the button to the right.

AMAZON

Philips AVENT Bottle Warmer can be purchased on Amazon by clicking the button to the right.

AMAZON

Dr. Brown's Deluxe Bottle Electric Sterilizer can be purchased at Target by clicking the button to the right.

TARGET

BREASTFEEDING POSITIONS

There are many different holds a mother can use while breastfeeding. It is important for you to try more than one position in order to find what works best for you and your baby (OWH, n.d.). It is also important to vary your breastfeeding hold to avoid repetitive movements and/or excessive flexed wrist positions that may lead to the development of an upper extremity (UE) condition, like carpal tunnel syndrome or De Quervain's tenosynovitis (Rani Habiba, Qazi & Tassadaq, 2019).

CLUTCH OR "FOOTBALL" HOLD

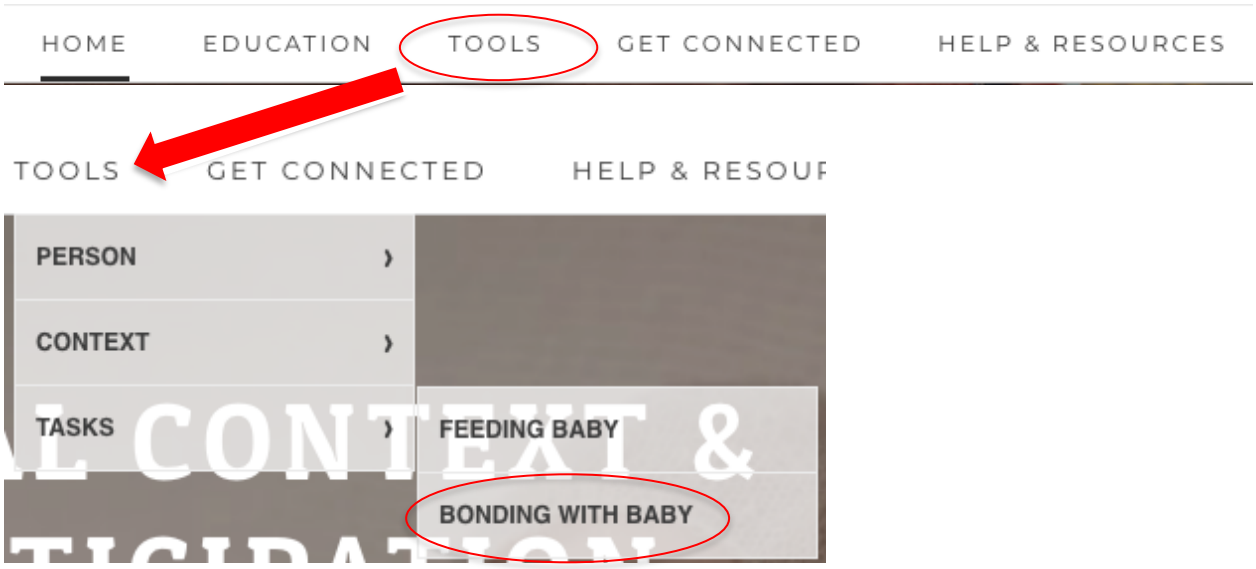
LAID-BACK OR STRADDLE HOLD

SIDE-LYING POSITION

CROSS-CRADLE OR TRANSITIONAL HOLD

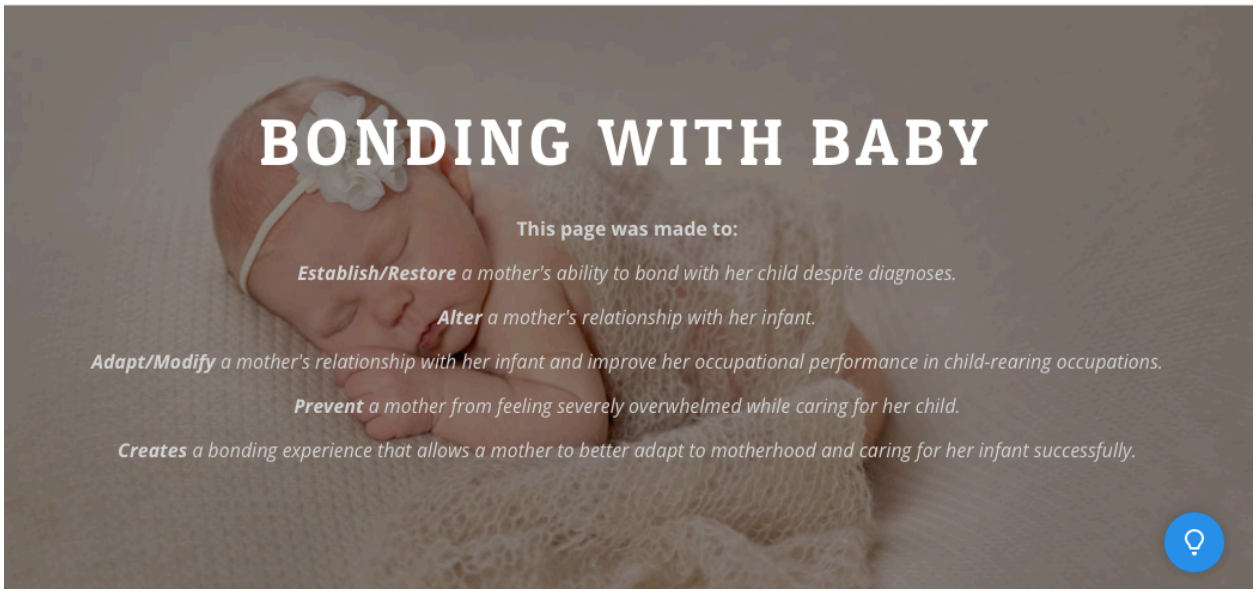
CRADLE HOLD

(OWN, n.d.)



OCCUPATIONAL GEARING FOR CHILD REARING

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES



WHY IS IT IMPORTANT FOR ME TO BOND WITH MY CHILD?

The amount to which a mother bonds with her child has a direct affect on the child's development and health (Children's Bureau, n.d.). Society portrays the mother/child relationship to be perfect and easy. While that may be true in some cases, other mothers may struggle to bond with their children. Psychological conditions like postpartum depression, PTSD, and anxiety have been known to make the bonding experience more challenging. Even in the absence of a these conditions, some mothers may still find it challenging and not know where to begin. Below you will find tips on how to bond with your baby.

HOW CAN OCCUPATIONAL THERAPY HELP?

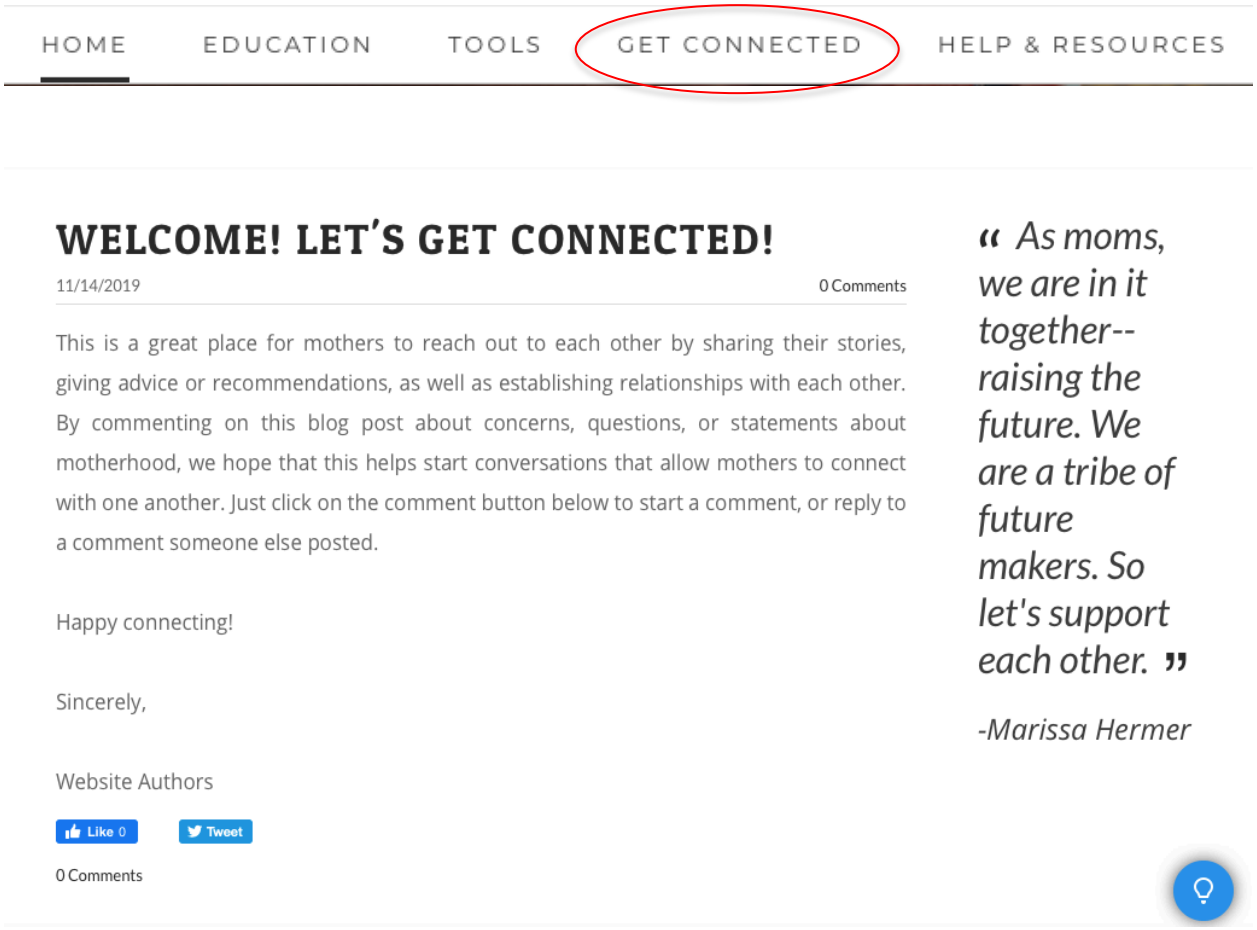
Occupational therapists are educated about pediatric developmental milestones as well as other various interventions that can be used with infants. Based on an occupational therapist's educational background and skills set, they are able to further help you bond with your baby. Talk to your doctor about getting a referral to an OT if you are interested. Specifically, pediatric occupational therapists have a great understanding of a child's developmental milestones and have knowledge/strategies to help you better connect with your child if you are feeling like you need more assistance.

BABY BONDING TIPS AND ACTIVITIES:

- Talk with your baby and respond when he/she makes noises. If you're not sure what to say you can read or sing a song
    - Your baby likely finds your voice to be calming, and talking with him/her will help develop language skills
- Don't be afraid to praise and give your baby lots of attention
    - There's not need to worry about spoiling your child. Your baby will only benefit from your loving care
- Cuddle and hold your baby
    - It will make him/her feel protected and safe
    - Use skin to skin contact whenever possible
- Bond while feeding your baby
    - Whether your breastfeeding or bottle-feeding, you baby will become familiar with your smell and touch during throughout the feeding process
- Make eye contact with your baby
    - This can be done at any time. For example, make eye contact with your baby when you are changing diapers or during feeding time
- Play with your baby when he/she is relaxed
    - As your child gets older and is able to sit up, interact with him/her on the floor and play with toys and puzzles
- Remember to take care of yourself
    - It is easier to enjoy your new baby and keep a positive attitude when you feel that your needs are being met
    - It is okay to take time to care for yourself physically, mentally, and emotionally

If you still feel like you are struggling to bond with your baby, don't be afraid to reach out to your doctor for help.

(CDC, 2019; Children's Bureau, n.d.)


HOME
EDUCATION
TOOLS
GET CONNECTED
HELP & RESOURCES
WELCOME! LET'S GET CONNECTED!
11/14/2019
0 Comments
This is a great place for mothers to reach out to each other by sharing their stories, giving advice or recommendations, as well as establishing relationships with each other. By commenting on this blog post about concerns, questions, or statements about motherhood, we hope that this helps start conversations that allow mothers to connect with one another. Just click on the comment button below to start a comment, or reply to a comment someone else posted.
Happy connecting!
Sincerely,
Website Authors
Like 0
Tweet
0 Comments
" As moms, we are in it together-- raising the future. We are a tribe of future makers. So let's support each other. "
-Marissa Hermer

HOME EDUCATION TOOLS GET CONNECTED HELP & RESOURCES

This page was made to:

Establish/Restore *a mothers ability to locate additional resources to help her function better as a mother.*

Prevent *a mother from having a medical emergency or experience feelings of helplessness.*

IT IS NECESSARY TO SEEK ADDITIONAL MEDICAL ASSISTANCE IF...

OT students, or website authors are not yet licensed health care professionals and **it is not in our scope of practice to diagnose a medical condition. OT students also are not yet able to provide treatment, or refer you to a specialist.** It should be noted that this website is just a resources tool and way to advocate for the role of OT in caring for mothers.

The purpose of this website is to educate and inform users about current issues/conditions that are commonly seen in the care of new mother, help a mother find ways to overcome and prevent issues/conditions, as well as inform mothers about how OTs and other professionals can play a role in providing care to new mothers.

Please call 911 or seek immediate medical assistance if you are experiencing a medical emergency where you feel your life or your baby's life may be at risk.

Below are all of the references that were used to create this website. References can be used as additional resources and for more information about the content addressed in this website.

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CHAPTER V

SUMMARY

There is currently a lack of occupational therapists working in perinatal/postnatal care. A growing abundance of literature referencing the need for new mothers to receive more adequate care during this time emphasizes the need to fill this gap. Current client satisfaction during the perinatal and postnatal period is low and there currently is a lack of scholarly literature to help guide occupational therapists in caring for new mothers during this period. In addition to a lack of research in this area to guide therapists in caring for new mothers, there is a need for advocacy and education to raise awareness about the role of OT in perinatal and postnatal care. Although there is a lack of literature specific to OT's role in caring for mothers there seems to be growth in this area. Overall, there is room for OT practitioners to be more commonly involved in the care team of mothers.

A website was made by scholarly project authors to help fill the gaps that are currently present in the care of mothers. The website was intended to help educate mothers about conditions associated with the role of motherhood and OT based self-management strategies. It is the author's goal to provide mothers with a resource tool that allows them to transition to the role of motherhood more easily and successfully. The website was also intended to be used as a valuable advocacy tool for website users to use to better understand OT and the valuable role OT can play in being a part of a mother's

care team. Although the website addresses many of the gaps that are present in the care of mothers, there are some limitations to this scholarly project.

Limitations

1. A limitation of the scholarly projects consists of authors not yet being mothers themselves. This is seen as a barrier because website authors do not have personal experience with motherhood, which would have been helpful in creating content for the website that applies to the majority of mothers.
2. Another limitation of this scholarly project is that the content presented is general and can be seen as only a starting point for OT involvement in the care of mothers.
3. Another limitation of this study is that there is a lack of OT literature specific to caring for mothers since this is an emerging area of practice. OT studentshad to borrow literature from other disciplines to get a full representation as to how OT can help meet the unmet needs of mothers

Recommendations

4. The content and OT based intervention strategies and techniques. From this website are implemented into actual OT practice to see if effectiveness and successfulness of OT's being add to the care team of mothers. It can be instrumental if OT is a part of a community primary care team.
5. It is recommended that more occupations are expanded upon by occupational therapists as large topics like sleep, and sexual activity may need to be further addressed for certain mothers.

6. It is recommended that occupational therapists receive more input from specialists and complete trainings to successfully treat mothers holistically. Specifically areas where an OT may need to refer to a specialist or where they need more training would include pelvic floor health, Biofeedback training, certified lactation consultation, as well as CBT training.

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APPENDIX

Photo Personal Release Agreement

Grant

For consideration which I acknowledge, I irrevocably grant *Alana Grabarkewitz, OTS & Lydia Swanson, OTS*, authors of *the website, Occupational Gearing for Child Rearing*, the right to the images of Opal and Katie Rueland for the purposes of their scholarly project. The pictures are property of myself. I waive the right to inspect or approve versions of my image used for publication or the written copy that may used in connection with the images.

Release

I release the students, advisor and their scholarly project *website of Occupational Gearing for Child Rearing* from any claims that may arise regarding the use of my image including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my name as a credit in connection with the image.

Company is not obligated to utilize any of the rights granted in this Agreement.

I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Name: Karen Peach Date: 12/2/19

Signature: Karen Rueland

Address: _____

Witness Signature: _____

Parent/Guardian Consent [include if the person is under 18]

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian Name: NICHOLAS RUELAND Date: 12/4/19

Parent/Guardian Signature: _____

Parent/Guardian Address: 3450 Ruemmele Rd

Witness Signature: _____

Photo Personal Release Agreement

Grant

For consideration which I acknowledge, I irrevocably grant *Alana Grabarkewitz, OTS & Lydia Swanson, OTS*, authors of *the website, Occupational Gearing for Child Rearing*, the right to the images of Katie Riveland for the purposes of their scholarly project. The pictures are property of myself. I waive the right to inspect or approve versions of my image used for publication or the written copy that may used in connection with the images.

Release

I release the students, advisor and their scholarly project *website of Occupational Gearing for Child Rearing* from any claims that may arise regarding the use of my image including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my name as a credit in connection with the image.

Company is not obligated to utilize any of the rights granted in this Agreement.

I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Name: Nicholas Riveland Date: 11/25/2019

Signature: Nicholas Ray Riveland

Address: 3450 Ruemmele Rd Apt. 301

Witness Signature: Katie M Riveland

Parent/Guardian Consent [include if the person is under 18]

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Witness Signature: _____